Submit I Copy to Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	WELL API NO. 30-025-30898
811 S. First St., Artesia, NM 88210	5. Indicate Type of Lease
1000 Pio Brazos Pd Aztec NM 87/10	STATE FEE
	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM APR 11 2017 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	Sharp Shooter 2 State 8. Well Number 5
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP.	9. OGRID Number 6137
3. Address of Operator	10. Pool name or Wildcat
333 WEST SHERIDAN AVENUE, OKC, OK 73102	YOUNG; BONE SPRING, NORTH
4. Well Location	
Unit Letter P : 990 feet from the South line and 330 feet from the East line	
	NMPM Eddy, County New Mexico
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3884'	
12 Check Appropriate Day to Indicate Nature of Nation D	anost on Other Data
12. Check Appropriate Box to Indicate Nature of Notice, R	leport of Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII	
PULL OR ALTER CASING	I JOB
CLOSED-LOOP SYSTEM OTHER: Shut-In Status OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and g	give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	
completion or recompletion.	
Pm/	
Devon Energy Production Company, LP respectfully requests approval to place this well in Drilling	
Shut-In status for one year due to marginal well that has gone down with rod failure. Effective	
immediately.	
I hereby certify that the information above is true and complete to the best of my knowledge a	and balief
Thereby certify that the information above is the and complete to the best of my knowledge and benef.	
la i l'Araa	
Drue Workhan	
SIGNATURE	
Type or print name_Erin WorkmanE-mail address:Erin.workman@dvn.comPHONE: (405)552-7970	
For State Use Only	11/12/2017
APPROVED BY: V Cally A Stown TITLE HO/IL	DATE 4/13/2011
Conditions of Approval (if any);	/