Submit 1 Copy To Appropriate District Office	State of I	New Me	xico		Form	
District 1 - (575) 393-6161 Energy, Minerals and Natural Resources				Revised August 1, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283				30-025-45393		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE			
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				North Thistle 15-10 State Com 8. Well Number 2H		
2. Name of Operator Devon Energy Production Company, L.P.				9. OGRID Number 6137		
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102				10. Pool name or Wildcat		
4. Well Location				Brinninstool; Bone Spring		
Unit Letter M	415 feet from the	South	line and	810 feet fro	om the West	line
Section 19		235 R a	nge 33E	NMPM	County	LEA
	11. Elevation (Show wh					
GL: 3711.4'						
12. Check	Appropriate Box to Inc	dicate Na	ature of Notice, I	Report or Other	[.] Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				=	P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE I				JOB 🔲		
OTHER:			OTHER:	Comple		
 Describe proposed or composed of starting any proposed w proposed completion or re- 	ork). SEE RULE 19.15.7.					
r - r	•••••					
4/9/19-7/25/19: MIRU WL & PT Good 1				found TOC @ 486	9'. TIH w/pump	-0
through frac plug and guns. Perf Bone ND frac, MIRU PU, NU BOP, DO plugs &				80# prop. •7/8" L-80 tbg, set (9'. TIH w/pump @ 9303'. TOP HOBBS AUG 29 AUG 29 REF	CV CV
					185°	PIS
					1061 0	2013
					K	JEV
					Au	Els
					AE	••ر
					K	
I hereby certify that the information	above is true and complete	a ta tha ha	of of my knowlodge	and haliaf		
Thereby certify that the mitormation			st of my knowledge	and bener.		
SIGNATURE	TITL	TITLE Regulatory Analyst		DATE 8/28/2019		
Type or print name Rebecca Deal	E-ma	il a ddress	: Rebecca.Deal@c	dvn.comPF	IONE:405-228-	8429
For State Use Only						
APPROVED BY: P.M.		E	L.M.	DA	ATE 9/5/2	019
Conditions of Approval (if any):						

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