Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
https://www.emnrd.nm.gov/ocd/contact-us

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 426295

WELL API NUMBER
30-025-54364

5. Indicate Type of Lease
State

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
THISTLE UNIT

1. Type of Well:
Gas

8. Well Number
193H

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

9. OGRID Number
6137

3. Address of Operator
333 West Sheridan Ave., Oklahoma City, OK 73102

10. Pool name or Wildcat

4. Well Location
Unit Letter D : 690 feet from the N line and feet 860 from the W line
Section 22 Township 23S Range 33E NMPM _____ County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3711 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type _____ Depth to Groundwater_____ Distance from nearest fresh water well_____ Distance from nearest surface water_____

Pit Liner Thickness:_____ mil Below-Grade Tank: Volume_____ bbls; Construction Material_____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTER CASING	☐
TEMPORARILY ABANDON	☐	CHANGE OF PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDON	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
Other:				Other: **Spud**			☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/28/2025 Spudded well.

Well Spud 11/28/2025 @ 14:00.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE	Electronically Signed	TITLE	Regulatory Supervisor	DATE	9/30/2026
Type or print name	Chelsey Green	E-mail address	chelsey.green@dvn.com	Telephone No.	405-228-8595

For State Use Only:

APPROVED BY:	Keith Dziokonski	TITLE	Senior Petroleum Specialist	DATE	10/5/2026