Submit 3 Copies To Appropriate District Office	State of New Me	exico		Form C-103
District I	Energy, Minerals and Natu	ıral Resources		May 27, 2004
625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-015-39365		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type o		
District III 1220 South St. Francis Dr.				TE S FEE
1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505		6. State Oil & Gas		
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 c, 14141 o	7505	o. State On & Gas	Lease No.
87505	CES AND REPORTS ON WELLS	1	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)			Emerald PWU 20	
			8. Well Number	1 W 0 20
			3H	
Name of Operator     Devon Energy Production Company, LP			9. OGRID Number 6137	
3. Address of Operator			10. Pool name or Wildcat	
20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-4524			55510 Scanlon Draw; Bone Spring	
4. Well Location				
Unit Letter:	_feet from the line a	nd	feet from the	line
	ownship 19S Range 29E			
	n/a		A. A.	
Pit or Below-grade Tank Application O				
	nterDistance from nearest fresh v			ce water
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Co	onstruction Material	
12. Check A	Appropriate Box to Indicate N	lature of Notice,	Report or Other	Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	_	
OTHER: ⊠				
		OTHER:		
	leted operations. (Clearly state all ork). SEE RULE 1103. For Multip			
Devon Energy Production Co., LP re (12,302' MD). Cement volumes wil				n depths 8,064' MD to TD
Received verbal approval from TC w	with the NMOCD at 3:30pm 3/9/12			
	1			RECEIVED
Thank you				LICCEIVED
				MAR 1 4 2012
				NAMOOR
				NMOCD ARTESIA
I hereby certify that the information grade tank has been/will be constructed or				
SIGNATURE: Wllowie	title:	Regulatory Analyst	DATE: <u>3</u>	-13-12
Type or print name Melanie Graw	ford E-mail address: Melan	nie.Crawford@dvn.	com Telephon	e No. (405) 552-4524
For State Use Only	Tax of	[/2]	> <del>/</del>	
APPROVED BY: / COMPANY OF Approval (if any):	TITLE_	Donos	>/	DATE 3/19/2012
Conditions of Approval (if any):		9		/ 1/