

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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)		WELL API NO. 30-015-40207
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Coral PWU 28
4. Well Location Unit Letter <u>O</u> ; 330 feet from the South line and 1675 feet from the East line Section 1 28 Township 19S Range 29E NMPM Eddy, County		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3300 'GL		9. OGRID Number 6137
		10. Pool name or Wildcat Parkway; Bone Spring

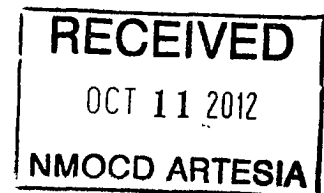
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER <input checked="" type="checkbox"/> Flare Gas		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Company, L. P. respectfully requests to flare the above well due to DCP Magnum Booster went down w/ SI @ 80 psi. Please find attached the C-129.

Attachments:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Judy Barnett TITLE: Regulatory Specialist DATE: 10/10/12
Type or print name: Judy A. Barnett E-mail address: Judith.Barnett@dmn.com PHONE: 405-228-8699
For State Use Only
APPROVED BY: [Signature] TITLE: Dist # Supervisor DATE: 10/11/12
Conditions of Approval (if any):