Office Submit I Copy To Appropriate District	State of New 1	Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and N	atural Resources	, , , , , , , , , , , , , , , , , , ,	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	<i>'</i>	
District II – (575) 748-1283			30-015-40107	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	11 5. 1 1150 56., 1 110514, 1441 00210		5. Indicate Type of Lease	
1000 Pio Progos Pd. Artes NM 97410		STATE 🛛	· FEE 🗌	
District IV – (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas I	Lease No.	
1220 S. St. Francis Dr , Santa Fe, NM				
87505	IG AND DEPODER ON WE	T.C.		T 1. A
SUNDRY NOTICES AND REPORTS ON WELLS				Init 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			Big Aristotle 27 State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other			2H	
2. Name of Operator			9. OGRID Number	
Devon Energy Production Company, L.P.			6137	
3. Address of Operator			10. Pool name or Wildcat	
333 W. Sheridan, Oklahoma City, OK 73102			Lost Tank; Delaware	
			Lost Tank, Bolawar	
4. Well Location				
Unit LetterA:_6	feet from theno	rth line and	690feet from t	theeastline
Section 34	Township 21S	Range 31E	NMPM Ed	dy County
	1. Elevation (Show whether			
・「「「「「「「「」」」 「「」 「「」 「「」 「「」 「「」 「「」 「「」	3492.2 GR	-1,111, 51, 11		
12. Check Appropriate Box to I		Report or Other	Data	
12. Check Appropriate Box to 1	indicate trature of motice	, Report of Outer	Data	
NOTICE OF INTE	ENTION TO:	911	BSEQUENT REP	ORT OF:
	PLUG AND ABANDON	REMEDIAL WO	•	LTERING CASING
 -			_	
	CHANGE PLANS		 	AND A
	MULTIPLE COMPL	CASING/CEME	NI JOB	
DOWNHOLE COMMINGLE				
OTUED	r-	071150		~
OTHER:		OTHER:	Prod Casing Test	<u> </u>
13. Describe proposed or complete				
of starting any proposed work)		IAC. For Multiple C	ompletions: Attach well	llbore diagram of
proposed completion or recom	pletion.			
07/27/12: Test production casing to 28	00 psi for 5 min.			
			RECEIVE	n
		·	MECEIVE	
			NOV 0 0 2012	į
1	•		NOV 08 2012	,
			ADTE	OLA
			NMOCD ARTE	<u>SIA [</u>
			<u></u>	
I hereby certify that the information about	ove is true and complete to th	e best of my knowled	ige and belief.	
	,)	•		
SIGNATURE: Title FULL	US TITLE: Regula	tory Specialist D	ATE: 11/05/2012	
Type or print name: Patti Riechers	E-mail address: patti.rieche	ers@dvn.com PI	HONE: 405-228-4248	
For State Use Only	1		100 220 1210	1. 1
APPROVED BY:	l title \mathcal{D}	STHE SUPPLIE	DAT!	E11/09/2012
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·	DATI	
Conditions of Abbitoval (II all v).				