Submit I Copy To Appropriate District Office State of New Mex	· · · · · · · · · · · · · · · · · · ·	
District I Energy, Minerals and Natura 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION I	5 Indicate Type of Lease	\dashv
District III 1220 South St. France 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE	
District IV 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 PLUC	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)		
1. Type of Well: Oil Well Gas Well Other	8. Well Number 3H	
2. Name of Operator Devon Energy Production Company L. P.	9. OGRID Number 6 6137	
Devon Energy Production Co., LP 3. Address of Operator	10. Pool name or Wildcat	-
333 W. Sheridan Avenue, Oklahoma City, OK 73102 (405) 228-7	7203 Turkey Track; Bone Spring	
4. Well Location		
Unit Letter_H_:_1475feet from the _North line and1245feet from the _East line Section 12 Township 19S Range 29E NMPM Eddy County		
Section 12 Township 19S Range 29E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3397.9		
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 ALTERING CASING]
TEMPORARILY ABANDON]
PULL OR ALTER CASING	CASING/CEMENT JOB	
OTHER: Change BHL 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 approval to change the TD from approved APD:		
Current BHL: Unit H Sec 13-T19S-R29E 330' FSL & 1980' FEL		
To		
Proposed BHL: Unit H Sec 13-T19S-R29E 330' FSL & 2260' FEL		
MAY 02 2013		
	NMOCD ARTESIA	
Attachments: Revised C-102*		
I hereby certify that the information above is true and complete to the bes	et of my knowledge and belief.	
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SIGNATURE Mina Court TITLE Regulate	ory Associate DATE 04/15/13	
Type or print name: Trina Couch E-mail address: trina.couch@dvn.com PHONE: (405) 228-7203		
For State Use Only		
APPROVED BY: TITLE TITLE TITLE	Dapewoon DATES/10/2013	