Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	ou governu trovi nu uglovi	30-015-43261 ∉
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	Alndicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South SHIVE GONSERVAT	STATE X FEE
District IV - (505) 476-3460	Santa Fe, NM 8735SIA DISTRICT	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	SEP 0.7 2018	
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR EGEIVED	Cotton Draw Unit
PROPOSALS.)	_	8. Well Number 292H
1. Type of Well: Oil Well 2. Name of Operator	Gas Well U Other	9. OGRID Number
Devon Energy Production	n Co., L.P. Linda Good	6137
3. Address of Operator		10. Pool name or Wildcat
333 West Sheridan Ave, Ok	dahoma City, OK 73102 405-552-6558	Paduca; Bone Spring, (O)
4. Well Location	200 feet from the North line and	040 S. C. d. Foot line
Unit Letter A	·	940 feet from the <u>East</u> line NMPM Eddy County
Section 36	Township 24S Range 31E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
	3513' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NITENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		_
TEMPORARILY ABANDON		
PULL OR ALTER CASING		T JOB 🔲
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	☐ OTHER:	IX 1
OTHER:	ppleted operations. (Clearly state all pertinent details, and	d 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.		
Production method changed from ESP to Gas Lift.		
	Di Di Di	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
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£ .0 K	TITLE Regulatory Complian	nce Specialist DATE 9/7/2018
SIGNATURE Onda DO	TITLE Regulatory Compilar	DATE SPECIALIST DATE
Type or print name Linda Go	od E-mail address: <u>linda.good@</u>	dvn.com PHONE: 405-552-6558
For State Use Only		
- Sun of Som A 2 2018		
APPROVED BY: 7 // Conditions of Approval (if any):	THE MUNICIPALITY	WHEN DATE ! . WE.D