Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-40423
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Onyx PWU 29 8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			2H
2. Name of Operator			9. OGRID Number
Devon Energy Production Compan	y, L.P.		6137
3. Address of Operator			10. Pool name or Wildcat
333 W. Sheridan, Oklahoma City, OK 73102			Scanlon Draw; Bone Spring
4. Well Location	Food From the North House	220	W P
	feet from the_North line and _ Township 19S		
Section 29	11. Elevation (Show whether DR)	Range 29E	NMPM Eddy County, NM
		8' GL	
12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	SSEQUENT REPORT OF: RK
TEMPORARILY ABANDON	CHANGE PLANS		RILLING OPNS. P AND A
PULL OR ALTER CASING		CASING/CEMEN	-
DOWNHOLE COMMINGLE			
OTHER:		OTHER: Ame	nded Completion Report
			nd 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.			
proposed complement of 100			
D. NRACCO D.			
Per NMOCD Request we are providing the below information:			
Tubing details: TBG 2 7/8 @ 7,504', Wt. 6.5, Grade L-80			
m. 1			_
Thank you			RECEIVED
			"LOLIVED
			NOV 16 2012
			1
•			NMOCD ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE: Mlacie (and oud TITLE: Regulatory Analyst DATE:11/15/12			
SIGNATURE:			
Type or print name: Melanie Crawford E-mail address: melanie.crawford@dvn.com PHONE: 405-552-4524			
For State Use Only			
APPROVED BY: Made TITLE DIST & Superist DATE 11/20/2012			
APPROVED BY:			