Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161 Et	nergy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	DIL CONSERVATION DIVISION	30-015-41134
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		6. State Off & Gas Lease No.
87505		
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS TO	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION F		Lone Tree Draw 13 State Com
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well 🛛 Gas We	ell 🔲 Other	3
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 731	02 (405) 552-7970	Fenton, Delaware, Northwest
4. Well Location		
Unit Letter <u>C: 150</u> feet from	n the <u>North</u> line and <u>1830</u> feet from	the <u>West</u> line
Section 13		27E NMPM Eddy, County
	evation (Show whether DR, RKB, RT, GR, etc.	c.)
3299'	GL	
12. Check Appropri	riate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENT		BSEQUENT REPORT OF:
	AND ABANDON	
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OTHER: Name Change	OTHER:	
		nd give pertinent dates, including estimated date
of starting any proposed work)." SE proposed completion or recompletion	E RULE 19:15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion of recompletion	л .	e in the second s
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	y, LP respectfully requests to change the name	e of the Lone Tree Draw 13 State Com 3 to
Lone Tree Draw 13 State Com 3H.		
These leaves	•	
Thank you!		
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	NMOC	DARTESIA
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I hereby certify that the information above is	true and complete to the best of my knowleds	ge and belief.
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in Tile kin		
SIGNATURE: JULIOVA	TITLE: Regulatory Compliance Asso	ociate DATE: <u>02/27/13</u>
Type or print name: Erin Workman E-m	nail address: <u>Erin.workman@dvn.com</u>	PHONE: 405-552-7970
For State Use Only	my neuross. Lini. workinan(wuvii.com	1 11011L. <u>405-552-1570</u> 1 7
// hr.Ama		
APPROVED BY: / CASP 04/020	Destorent	- Olibaito
Conditions of Approval (if any):	TITLE GOODSIST	DATE3/1/2013
Conditions of Approval (It any).	TITLE_ GOODOGIST	date3/1/20/3
Conditions of Approval (It any).	TITLE GOODSIST	DATE 3/1/2018

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