Submit 1 Copy To Appropriate District Office	State of New M		Form C-1 Revised August 1, 2		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Na	lural Resources	WELL API NO.		
<u>District II</u> - (575) 748-1283	OIL CONSERVATIO		30-015-40514		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Fr		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM		STATE FEE		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa i C, Nivi	37303	6. State Oil & Gas Lease No.		
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC		LUG BACK TO A	7. Lease Name or Unit Agreement Nam Onyx PWU 29	ıe	
PROPOSALS.) 1. Type of Well: Oil Well 🛛	Gas Well 🗌 Other		8. Well Number 6H		
2. Name of Operator	I D		9. OGRID Number 6137		
Devon Energy Production Compan 3. Address of Operator	y, L.P.		10. Pool name or Wildcat		
333 W. Sheridan Avenue, Oklahon	na City, OK 73102		Scanlon Draw; Bone Spring		
4. Well Location					
Unit LetterH:	1550feet from theNor				
Section 29	Township 19S	Range 29E	NMPM County Eddy	2540% NE	
	11. Elevation (Show whether D 3314.1' GL	R, RKB, RT, GR, etc.			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		REMEDIAL WOR			
	CHANGE PLANS	COMMENCE DR			
	MULTIPLE COMPL	CASING/CEMEN	ТЈОВ		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:			
			d give pertinent dates, including estimated meletions: Attach wellbore diagram of	date	
		JUN 072	013		
		NMOCD AR	TESIA		

2/11/2013 – 3/4/2013: Run CBL w/TOC @ 1282'. PT csg @ 2000psi for 30 min, OK. TIH w/frac plug and perf guns. Set plug @ 11,645'. Perf Bone Spring, 7187'-11629', total 300 holes. Frac 7187'-11629' in 10 stages. Frac totals: 30,024g 15% HCL, 692,440# 30/50 sand, 1,282,701# 20/40 sand, and 389,151# Siberprop. ND frac, MIRU PU. NU BOP, DO plugs, and CO to PBTD @ 11645'. CHC and RIH w/207 jts 2-7/8" L-80 tbg, set @ 6681'. ND BOP and TOP.

I hereby certify that the information above is true and	complete to the best of my knowledge and belief.
	-
SIGNATURE	TITLERegulatory Compliance ProfessionalDATE $6/3/75$
	· · · · · · · · · · · · · · · · · · ·
Type or print nameRyan Delong	E-mail address: ryan.delong@dvn.com PHONE: 405-552-6559
For State Use Only	
APPROVED BY:	TITLE DISTREPENT DATE 6/7/13
Conditions of Approval (if any):	/ _//