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Submit One Copy To Appropriate District Office	State of New Mexico ARTE Energy, Minerals and Natural Resources		314	Form C-103	
District I	Energy, Minerals and Na	tural Resources	WELL API NO.	January 20, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II	40		30-015-21673		
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type	of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE STATE		
District IV	Santa Fe, NM 87505		6. State Oil & Ga	as Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name o	r Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			STATE BT COM		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 1		
2. Name of Operator			9. OGRID Number		
DEVON ENERGY PRODUCTION CO LP			6137		
3. Address of Operator			10. Pool name or Wildcat		
PO BOX 250, ARTESIA, NM 88211			AVALON; MORROW (GAS)		
4. Well Location					
Unit Letter_C_:_660feet	from the NORTH line and 1	830 _feet from the W	EST_line		
Section 16 Township 21S Range 26E NMPM County EDDY					
		OR, RKB, RT, GR, etc.)			
3298.5' KB; 3280' GL					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INT	ENTION TO:	SUBS	EQUENT RE	PORT OF	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK				ALTERING CASING	
	CHANGE PLANS	COMMENCE DRILL	COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗆		
	_	Applications of manifolds and applications on minings for a 1 minute 1		**************************************	
OTHER:					
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
✓ The least on head on least 1 and 1			14 -6-11	· :1. 41. 611:	
☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.					
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
	s have been removed. Portable	bases have been remove	ed. (Poured onsite	e concrete bases do not have	
to be removed.) All other environmental concerns	s have been addressed as per O	CD rules		•	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-					
retrieved flow lines and pipelines.					
If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service					
company equipment, has been removed from lease and well location. When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
When all work has been completed, re	turn this form to the appropriat	e District office to sched	dule an inspection	1,	
40					
SIGNATURE & Mence	TITLE: ADM	N FIELD SUPPORT 4	DATE: 8/2	23/2013	
5.51.11.51.5	<u> </u>	avried sorrour i			
TYPE NAME: DENISE MENOUD_	E-MAIL: denise.men	oud@dvn.com PHO	NE:575-746-5	544	
For State Use Only		-			
APPROVED BY MUN, G		N P		DATE 1//12/13	
Conditions of Annaval (Family	TITLE	<u> </u>		_DATE_///////5	
Conditions of Approval (if any):		•			