Submit 1 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
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	WELL API NO. 30-015-38433
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	0. State Off & Gas Lease NO.
(DO NOT USE THIS FORM FOR PROP	CICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name COTTON DRAW UNIT
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 161H
2. Name of Operator		9. OGRID Number
3. Address of Operator	ON ENERGY PRODUCTION COMPANY, LP.	6137 10. Pool name or Wildcat
333 V	VEST SHERIDAN AVENUE, OKC, OK 73102	COTTON DRAW; DELAWARE SOUTH
4. Well Location		
Unit Letter : 20 Section 2		
Section 2	Township 25S Range 31E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM EDDY County, New Mexico
	11. Elevation (<i>Show whether DR</i> , <i>KKB</i> , <i>K1</i> , <i>GR</i> , <i>elc</i> 3457.5'	.)
12. Check	Appropriate Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF II	NTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	ІТ ЈОВ
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		Status Change
	pleted operations. (Clearly state all pertinent details, ar	Status Change
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
Devon Energy Production from shut-in to producing e	Co. LP, respectfully requests to have well status change ffective 02/26/18.	e for the Cotton Draw Unit 161H,
Production Volumes: 53 E	30PD, 215 MCFPD & 7487 BWPD.	
		NM OIL CONSERVATION ARTESIA DISTRICT
		MAY 0 1 2018
		RECEIVED
hereby certify that the information	above is true and complete to the best of my knowledge	ge and belief.
	a	
SIGNATURE Orin Wor	TITLE <u>Regulatory Compliance Ana</u>	lyst DATE 04/30/2018
Type or print name_Erin Workman	E-mail address:Erin.workman@dvn.co	pmPHONE: (405)552- 7970
APPROVED BY: Philip	Hen TITLE BusinessOp	Joe A DATE May 1, 2018
Conditions of Approval (if any)		