Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103
District I - (575) 393-6161	Energy, Minerals and Natur	al Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-015-32274
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Fran	cis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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
	CATION FOR PERMIT" (FORM C-101) FO		
PROPOSALS.)			BURTON FLAT DEEP UNIT 8. Well Number 44
1. Type of Well: Oil Well Gas Well Other SWD			
2. Name of Operator DEVON ENERGY PRODUCTION CO LP		9. OGRID Number 6137	
3. Address of Operator		10. Pool name or Wildcat	
PO BOX 250, ARTESIA, NM 88211		BONE SPRINGS	
4. Well Location			
Unit LetterF_:3555	feet from the _SOUTH line and	d 1660 feet from	a theWESTline
Section 3 Township 21S Range 27E NMPM			County EDDY
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
L	L	···-··	
12 Check A	ppropriate Box to Indicate Na	ature of Notice	Report or Other Data
			-
NOTICE OF IN			SEQUENT REPORT OF:
		REMEDIAL WORK	
		COMMENCE DRIL	= –
		CASING/CEMENT	JOB []
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		OTHER: BRADE	NHEAD TEST
13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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.			
IN RESPONSE TO 2018 UIC TESTING SCHEDULE FOR DISTRICT 2, A BRADENHEAD TEST WAS PERFORMED ON THIS WELL AND WITNESSED BY GILBERT CORDERO. THE TEST WAS CONSIDERED AS PASSING AND RESULTS WERE			
KEPT BY MR. CORDERO. IT WAS AT HIS REQUEST DEVON SUBMITS THIS C-103. THANK YOU.			
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			RECEIVED
			AUG 2 0 2018
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Spud Date:	Rig Release Dat	te:	DISTRICT II-ARTESIA O.C.D
I hereby certify that the information	above is true and complete to the be	st of my knowledge	e and belief.
SIGNATURE 1. Menous			
Type or print name DENISE MENOUD _ E-mail address:denise.menoud@dvn.com PHONE:(575)746-5544			
For State Use Only			
ADDRESS ALL GOVER STATES			
APPROVED BY:			
Conditions of Approval (II ally):		-	

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Devon - Internal