Submit 1 Copy To Appropriate District	State of New Me	exico	Form C	C-103
Office District I – (575) 393-6161	Energy, Minerals and Natu	ral Resources	Revised July 18	3, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-20029 5. Indicate Type of Lease	
District III - (505) 334-6178 1220 South St. Francis Dr.			STATE STEE	
<u>District IV</u> – (505) 476-3460			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	EIVED			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement N	ame
(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 CP	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 2	
2. Name of Operator			9. OGRID Number	
DEVON ENERGY PRODUCTION COMPANY, LP. 3. Address of Operator			6137 10. Pool name or Wildcat	
333 WEST SHERIDAN AVENUE, OKC, OK 73102			E-K;YATES-SEVEN RIVERS-QUE	EN
4. Well Location	,			
	feet from the <u>North</u> line an	d 660 feet f	from the West line	
Section 1	Township 18S Ran		NMPM Eddy, County New Mexico)
	1. Elevation (Show whether DR,			
	4106'			2.2
12. Check App	ropriate Box to Indicate Na	ture of Notice, R	eport or Other Data	
NOTICE OF INTE	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				G 🔲
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				
PULL OR ALTER CASING			JOB 🗆	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM	\square	OTHER:		
OTHER: Shut-In Status 13 Describe proposed or completed	operations (Clearly state all ne	OTHER:	give pertinent dates, including estimate	d date
			ons: Attach wellbore diagram of propo	
completion or recompletion.		- Impletto		
•				
0.0			al to place this well in Drilling	
Shut-In status for one year p	ending evaluation for pot	ential P&A.		
NM OIL CONSERVATION ARTESIA DISTRICT				
SEP 2 8 2016				
RECEIVED				
I hereby certify that the information above	ve is true and complete to the bes	st of my knowledge	and belief.	
unit in miorination above	- 12 may and complete to the bes	or my knowledge	JVAIVA!	
4 1.1.	0.1			
SIGNATURE Gru Wor	Kirlin			
SIGNATURE O	TITLE Re	gulatory Complianc	e Professional DATE 09.28.16	_
Type or print name <u>Erin Workman</u>	E-mail address: Erin.w	orkman@dvn.com	PHONE: (405)552-7970)
For State Use Only		amlar.		
APPROVED BY:	Accepted for Record C	niy	DATE 9-28-16	
Conditions of Approval (if any):				
	Masiown			
	MS\$10000			
	1011/2018			