

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 371298
SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NUMBER 30-015-54944
1. Type of Well: Oil		5. Indicate Type of Lease State
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP		6. State Oil & Gas Lease No.
3. Address of Operator 333 West Sheridan Ave., Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name MIMOSA 18 16 STATE COM
4. Well Location Unit Letter <u>L</u> : <u>1477</u> feet from the <u>S</u> line and feet <u>805</u> from the <u>W</u> line Section <u>18</u> Township <u>20S</u> Range <u>30E</u> NMPM _____ County <u>Eddy</u>		8. Well Number 624H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3319 GR		9. OGRID Number 6137
Pit or Below-grade Tank Application ☐ or Closure ☐		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐
Other: _____		Other: <u>Spud</u> ☒
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
4/25/2024 Spudded well.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .		
SIGNATURE	Electronically Signed	TITLE
Type or print name	Jeff Walla	E-mail address
Supervisor Land		DATE
Jeff.Walla@dmn.com		8/7/2024
Telephone No.		575-748-9925
For State Use Only:		
APPROVED BY:	Sarah K McGrath	TITLE
Petroleum Specialist - A		DATE
		8/7/2024