Submit 1 Copy To Appropriate District Office	State of New Mexico Rec' Energy, Minerals and Natural Resources	d 05/13/2020 - NMOCD Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-34179
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	INDIAN DRAW 6 FEE COM
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 1
2. Name of Operator DEVO	ON ENERGY PRODUCTION COMPANY, LP.	9. OGRID Number 6137
3. Address of Operator	EST SHERIDAN AVENUE, OKC, OK 73102	10. Pool name or Wildcat 97782 Black River; Upper Penn Gas
4. Well Location		
Unit Letter M: 660 Section 6	feet from the South line and 660 feet Township 22S Range 28E	of from the <u>West</u> line NMPM Eddy, County New Mexico
Section 0	11. Elevation (Show whether DR, RKB, RT, GR, et 3115'	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB CLOSED-LOOP SYSTEM OTHER: AMEND SHUT-IN REQUEST OTHER: 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. Devon Energy Production Company, LP respectfully requests to withdrawal the submittal for the well status change from producing to shut in. This well is producing and is not shut-in.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Silver	TITLE Regulatory Complian	ce Analyst DATE 05/13/2020
Type or print name Erin Workman For State Use Only		phone: (405)552-7970
APPROVED BY:	Accepted for re-	DATE gc 5/14/2020
Conditions of Approval (if any):	Accepted for record – NMOCD	