Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	30-015-10843
District III Di	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE STATE STATE
1220 S. St. Francis Dr., Santa Fe, NM 87505 JAN 23 2015	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPERTY OF THE DESCRIPTION OF THE BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Cotton Draw Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 65
1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator	9. OGRID Number
DEVON ENERGY PRODUCTION CO. LP	6137
3. Address of Operator PO BOX 250, ARTESIA, NM 88211	10. Pool name or Wildcat PADUCA
4. Well Location	
Unit Letter: G; 1980 feet from the NORTH line and 1980 feet from the EAS	Γ line
Section 2 Township 25S Range 31E NMP1	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
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	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	
OTHER: REPAIR TOP JOINT TUBING OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	
Devon energy respectfully request permission to perform the following work:	
Move in rig up well service unit	Assented for record
Nipple down wellhead. Nipple up blow out preventer	Accepted for record
 Pull and replace top joint of 3-1/2" IPC (Internally Plastic Coated tbg.) Latch back onto on-off tool 	1/29/13
Nipple down Blow out preventer. Nipple up wellhead	η
 Load annulus w/2% KCL containing packer fluid 	* <u>`</u>
MIT annulus to 500 psi for 30 min with chart recorder and NMOCD witness	
 Rig down well service unit Upon NMOCD approval, return well to injection 	Condition of Approval: notify
opon ranged approval, return wen to injection	OCD Hebbs office 24 hours
The Oil Conservation Division	
Spud DMHIST BE NOTIFIED 24 Hours Rig Release Date:	rior of running MIT Test & Chart
Prior to the beginning of operations	
	er en
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
Major A stoma A	
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE FIELD ADM. SUPPORT	
Major A stoma A	
SIGNATURE SIGNATURE FIELD ADM. SUPPO DATE: 01/23/2013	DRT . ,
SIGNATURE SIGNATURE FIELD ADM. SUPPO	DRT . ,
SIGNATURE TIPLE FIELD ADM. SUPPORTED OF STATE Use Only E-mail address: Gracie Bustamante@dvn For State Use Only	DRT . , ,
SIGNATURE TIPLE FIELD ADM. SUPPO DATE: 01/23/2013 Type or print name: Gracie Bustamante E-mail address: Gracie Bustamante@dvn	DRT