Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161 Energy	, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL (	CONSERVATION DIVISION	30-015-40782
<u>District III</u> – (505) 334-6178	220 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	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		0. 5 6 5 5 5 5 6
87505 SUNDRY NOTICES AND R	EPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIL	LOR TO DEEPEN OR PLUG BACK TO A	Peridot 13 State
DIFFERENT RESERVOIR. USE "APPLICATION FOR P	ERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)  1. Type of Well: Oil Well  ☐ Gas Well  ☐	Other	8. Well Number
		1H
2. Name of Operator Devon Energy Production Company, L.P.		9. OGRID Number 6137
3. Address of Operator		10. Pool name or Wildcat
333 W. Sheridan, Oklahoma City, OK 73102	Phone: (405) 552-7970	Turkey Track; Bone Spring
4. Well Location	1	
Unit Letter K: 2600 feet from the South line and 1345 feet from the West line		
Section 12	Township 19S Range 29I	
	on (Show whether DR, RKB, RT, GR, etc.	
331	32' GL	
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
·	ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON  CHANGE		
PULL OR ALTER CASING   MULTIPLE		
DOWNHOLE COMMINGLE		<del>_</del>
OTHER.		
OTHER:  13 Describe proposed or completed operations of the complete operation operation of the complete operation of the complete operation opera	ons (Clearly state all pertinent details an	d 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, LF 9340'. Nothing else will change.	respectfully request to extend the PH to	evaluate the 3 <sup>rd</sup> BS. The PH TD will be at
9340. Nouting else will change.		
Thank you!		
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	F	EB <b>0 8</b> 2013
	<u> </u>	LD 00 2010
	NMC	OCD ARTESIA
	T. A. C.	*
	1	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE: DATE: 02/07/13		
SIGNATURE: TITLE: Regulatory Compliance Associate DATE:02/07/13		
Type or print name: Erin Workman E-mail address: Erin.workman@dvn.com PHONE: 405-552-7970		
For State Use Only	O	/
11 Mand South		
APPROVED BY:	TITLE () OO LOGIS /	DATE < /8 /20/3
Conditions of Approvar (If any): /	V	/ /