Office Copy To Appropriate District	State of New Mexico			Form (			
District 1 - (575) 393-6161	Energy, Minerals a	ind Natu	ral Resources	WELL API NO.	Revised July 1	8, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OV. CONCERNAL TYON DWINGSON			30-015-40508			
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505			STATE FEE			
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, Nivi 8/303			6. State Oil & Ga	s Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS					Unit Agreement N	lame	
(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.)					Turquoise PWU 27		
1. Type of Well: Oil Well Gas Well Other				8. Well Number 7H	7H		
Name of Operator     Devon Energy Production Company, LP				9. OGRID Numb 6137	1		
3. Address of Operator				10. Pool name or Wildcat			
333 West. Sheridan Avenue Oklahoma City, OK 73102-5015 405-228-7203				Parkway; Bone Spring			
4. Well Location							
Unit LetterL :						ne	
Section 27	Township 19S 11. Elevation (Show wh		ange 29E		Eddy County		
(1) (1) (1) (1) (1) (1) (1) (1) (1)	3311 3311	einer DR	, KKD, KI, GK, et	<i>C.)</i>			
12. Check A	Appropriate Box to Inc	licate N	lature of Notice	e, Report or Other	Data		
NOTICE OF IN	ITENTION TO:		l su	BSEQUENT RE	PORT OF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WO	RK 🗌	ALTERING CASIN	√G 🗌	
·				RILLING OPNS.	P AND A		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL		CASING/CEME	NT JOB			
CLOSED-LOOP SYSTEM			·				
OTHER: Chg BOP		$\boxtimes$	OTHER:				
13. Describe proposed or comp of starting any proposed we							
proposed completion or rec	ompletion.		,				
:							
Devon Energy Production ( ram 3M BOP to a double ra					PWU 27 7H from a	Triple	
					RECEN	<b>VED</b>	
:					SEP 03	2013	
:					MOCD AF	RTESIA	
·							
I hereby certify that the information	above is true and complet	e to the b	est of my knowle	dge and belief.		<del></del>	
	$\sim 10^{-1}$		1				
SIGNATURE Sina	- (out)	_ TITI	LE: <u>Regulatory</u>	Associate DA	TE <u>9/3/2013</u>		
Type or print name: Trina C. Co	E-mail addr	ess: <u>trin</u> a	couch@dvn.com	PHONE: 4	105-228-7203		
For State Use Only		$\overline{\wedge}$			0/2/	· ·	
APPROVED BY:  Conditions of Approval (if any):	LOW_TITL	E L	ST AT DY	Dewest D	ATE 4/3/6	2013	
1.			· ·				



