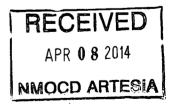
Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013 WELL API NO.	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	30-015-41437 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.	
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA"	 Lease Name or Unit Agreement Name Cotton Draw Unit 		
PROPOSALS.) 1. Type of Well: Oil Well 🖾 G	8. Well Number 202H		
2. Name of Operator Devon Energy Production Compa	ny, LP 405-228-7203	9. OGRID Number 6137	
 Address of Operator 333 West. Sheridan Avenue Oklahoma City, OK 73102-5015 	405-228-7203	10. Pool name or WildcatPaduca; Bone Spring (O)	
Section 2) feet from theSOUTH line and117 Township 25S Range 31E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM Eddy County	
	3421.2		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A	
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEMENT JOB		
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTEM						
				OTHER:		
OTHER: Change Casing			\boxtimes			

 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, L.P. respectfully equests to change the 9-5/8" intermediate casing setting depth from 4,475' to 4,350' MD. The cement volume will remain the same, thank you.



SIGNATURE ACCOL TITLE: Regulatory Analyst DATE 4/7/2014	I hereby certify that the information above is true and complete to the best of my knowledge and belief.
	SIGNATURE ACCOL TITLE: Regulatory Analyst DATE 4/7/2014
Type or print name <u>Tring C. Couch</u> E-mail address: <u>trina.couch@dvn.com</u> PHONE: <u>405-228-7203</u>	Type or print name <u>Tring C. Couch</u> E-mail address: trina.couch@dvn.com PHONE: 405-228-7203
APPROVED BY:	For State Use Only Mail of the state