Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103 Revised August 1, 2011		
1625 N. French Dr., Hobbs, NM 88240	istrict 1 – (575) 393-6161 Energy, Minerals and Natural Resources 625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			ISION	30-015-41380 5. Indicate Type of Lease		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STA		
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe,	NM 87505		6. State Oi	il & Gas Lease No.	
87505 SUNDRY NOT	ICES AND REPORTS ON	WELLS		7. Lease N	lame or Unit Agreeme	ent Name
(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				Onyx PWU 29		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 7H		
Name of Operator Devon Energy Production Company, L.P.				9. OGRID Number 6137		
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102				10. Pool name or Wildcat		
				Parkway; Bone Spring		
4. Well Location Unit Letter	1800 feet from the	South	line and	175 fa	eet from the East	line
Section 3		S Range	29E	NMPM	County	Eddy
	11. Elevation (Show when					
12. Check	Appropriate Box to Indi	cate Nature	of Notice, I	Report or (Other Data	
NOTICE OF II	NTENTION TO:		SUBS	SEQUEN [*]	T REPORT OF:	
PERFORM REMEDIAL WORK			MEDIAL WORK		ALTERING C	ASING 🗌
TEMPORARILY ABANDON PULL OR ALTER CASING			MMENCE DRIL SING/CEMENT		S.□ PANDA □	
DOWNHOLE COMMINGLE		0,10	JII CO CEIVIEI T	005	Ц	
OTHER:			IER:		Completion	<u> </u>
13. Describe proposed or com	pleted operations. (Clearly s ork). SEE RULE 19.15.7.14					
proposed completion or re			i ividitipie con	precions. 71	maen weneene angm	01
					,	
3/28/14-4/29/14: MIRU WL & PT. TIH						
7229'-11702', total 360 holes. Frac'd 7 1,023,373# 40/70 White Sand, 538,43:			-			
RIH w/203 jts 2-7/8" L-80 tbg, set @ 65		,			8,	
						•
I hereby certify that the information	above is true and complete	to the best of	my knowledge	and belief.		
SIGNATURE MEGANT	manee TITLE	Regulatory	Compliance An	alyst_	DATE5/27/20	14
Type or print name Megan Morav	ec F-mail	address: n	negan.moravec	@dvn.com	DIJONE	
For State Use Only		addicss.	negammora vec	@ dvii.com	PHONE:	
	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		e dvii.com	PHONE:	

APPROVED BY Conditions of Approval (if any):