Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-015- 31725 29583
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> $-$ (505) 334-6178	1220 South St. Francis Dr.		STATE \boxtimes FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of Omr Agreement Name
DIFFERENT RESERVOIR. USE "APPL	APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Beretta 15 State Com
PROPOSALS.)	Gas Well 🛛 Other		8. Well Number 2
1. Type of Well: Oil Well 2. Name of Operator	Gas well 🖾 Other		9. OGRID Number
DEVON ENERGY PRODUCTION COMPANY, LP.		9. OGRID Number 6137	
3. Address of Operator			10. Pool name or Wildcat
333 WEST SHERIDAN AVENUE, OKC, OK 73102		Carlsbad; Morrow, South (Gas)	
4. Well Location			
Unit Letter <u>G</u> : <u>2180</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line			
Section 15 Township 23S Range 26E NMPM Eddy, County New Mexico			
11 Elevation (Show whether DR RKB RT GR etc.)			
3298'			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			SEQUENT REPORT OF: K
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т јов
CLOSED-LOOP SYSTEM	П	OTHER: TA M	
	pleted operations. (Clearly state all state al		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, LP respectfully requests a 5 year TA status for the captioned well. Notified NMOCD received verbal from Richard Inge to complete MIT; ARTESIA DISTRICT			
10/29/14 - 10/30/14			
Tested Csg. to 520 PSI, good, 30 min. Notified Mr. Inge MIT passed.			
UNI 8/1/2016 RECEIVED			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the imprimation above is true and complete to the best of my knowledge and benef.			
SIGNATURE			
Type or print name_ <u>Erin Workman</u> E-mail address: <u>Erin.workman@dvn.com</u> PHONE: <u>(405)552-7970</u> For State Use Only			
APPROVED BY: 2 CUARD Was TITLE COMPLIANCE OFFICER DATE 11/19/14 Conditions of Approval (if any):			

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