Submit 1 Copy To Appropriate District Office	State of New	w Mexico	Form C-	-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, WELL API NO.	2013
<u>District II</u> – (575) 748-1283			30-015-31725 R 230	П
811 S. First St., Artesia, NM 88210 <u>District III</u> (505) 334-6178				3
1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease STATE ☐ FEE ☐	<u>«</u>	
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 9		6. State Oil & Gas Lease No.		
87505	And Copy: Ke	cord Clean-ly	P	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Na	me
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Pouls State Com	
PROPOSALS.)			Bogle State Com 8. Well Number 1	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator				
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			Diamond Mound; Upper Penn (G)	
4. Well Location				
Unit Letter : 2560	feet from theNorth_1	ine and <u>660</u> feet	from the <u>East</u> line	
Section 2	Township 16S	Range 27E	NMPM Eddy, County New Mexic	0
	11. Elevation (Show whether 3578)	er DR, RKB, RT, GR, etc.)		
12. Check	Appropriate Box to Indica	ate Nature of Notice,	Report or Other Data	
	NTENTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	· I		
TEMPORARILY ABANDON	CHANGE PLANS		LING OPNS. P AND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB 🔲	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	•		·	
OTHER:		OTHER: Recomp	etion	×
13. Describe proposed or comp	leted operations. (Clearly state	te all pertinent details, and	give pertinent dates, including estimate	d date
of starting any proposed w	ork). SEE RULE 19.15.7.14 N	NMAC. For Multiple Con	ppletions: Attach wellbore diagram of	
proposed completion or recompletion.				
Devon Energy Production Comp	any, LP Respectfully requests to	run an MIT on the refere	iced well as follows:	
Test anchors				
MIRU WSU ND Tree NH 5K BOD TOOL	Y 1051 / 0 0 (m)	•	·	
 ND Tree, NU 5K BOP, TOO! RU WL, RIH w/ CIPB for 4- 	1 w/ 95 jnts 2-3/8" tbg. 1/2", 11.6# csg to 2,796' and set.	Dumn 35' of out		
 TIH w/ 2-3/8" tbg (open ender 	d) to ~2,766* and tag TOC (should	d be at a minimum 2,766, 30	above CIBP). Circulate the hole w/ packer t	duid.
 MIT casing to 500 psi for 30 	min (calibrated to 1000 psi & 60	0 min) and report to NMOC	D. If well does not MIT PU 4-1/2" 11.6#	plug &
 packer and locate casing leak. RD swab, RDMO WSU. TA 	well			
Attachment: Wellbore Schematic	2			
I hereby certify that the information	above is true and complete to	the best of my knowledge	and belief.	
960 (1) 100				
SIGNATURE COMPLIANCE TITLE Regulatory Compliance Professional DATE 02.04.15				
Type or print hence Erin Workman E-mail address: Erin workman@dvn.com PHONE: (405)552-7970				
For State Use Only				
APPROVED BY: Accept	ted For Record		DATE 4-27-17	
Conditions of Approval (if any):	NMOCD			

Incorrect API

