Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural F		Revised July 18, 2013
1625 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 DIV	ISION	30-015-33922 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis	Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BA ATION FOR PERMIT" (FORM C-101) FOR SU		Grande 22
PROPOSALS.)	· · · · ·		8. Well Number 3
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🔲 Other		9. OGRID Number
-	N ENERGY PRODUCTION COMPAN	Y, LP.	9. OGRID Number 6137
3. Address of Operator			10. Pool name or Wildcat
	EST SHERIDAN AVENUE, OKC, OK	73102	Carlbad; Morrow, South (Gas)
4. Well Location			
Unit Letter A : 660	feet from theNorth line and		et from the <u>East</u> line
Section 22	Township 22S Range 11. Elevation (Show whether DR, RKI		NMPM Eddy, County New Mexico
	3094'		
12. Check A	ppropriate Box to Indicate Natur	e of Notice, I	Report or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		MEDIAL WORK	·
		SING/CEMENT	JOB
DOWNHOLE COMMINGLE			
OTHER: TA Extension	🛛 от	HER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14 NMAC. Fo	r Multiple Con	npletions: Attach wellbore diagram of
proposed completion of reco	Simpletion.		
Devon Energy Production CO., LP request a 3 month TA extension from the expiration date (March 1 st , making the new			
Expiration date of June 1 st , 2020), this will allow us to prepare the well for P&A.			
		• • •	RECEIVED
Thanks	Temporery Abendense Status approved		
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			EMNRD-OCD ARTESIA
			,
I hereby certify that the information	above is true and complete to the best of	my knowledge	and belief.
5. 1.)	the main		
SIGNATURE CITUL W	orknen TITLE Regu	latory Complia	nce Analyst DATE 02.07.2020
-			
Type or print name <u>Erin Workman</u> For State Use Only	E-mail address: Erin.work	man@dvn.com	PHONE: (405)552-7970
			•
APPROVED BY: Del	TITLE Comp	lance c	Ancer DATE 2-11-20
Conditions of Approval (if any):	v		