Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO
1625 N French Dr., Hobbs, NM 88240 District II		30-015-27625 37625
1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION	5 Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr, Santa Fe, NM 87505		
SUNDRY NOTI	CES AND REPORTS ON WELLS	7 Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Cooter 16 State
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number RECEIVE
1. Type of Well: Oil Well	Gas Well Other	177
2. Name of Operator		9 OGRID Number APR 1 4 2010
Devon Energy Company L. P.		6137
3 Address of Operator		10 Pool name or Wild MOCD ARTES
20 N Broadway, Oklahoma City,	Oklahma 733102	1st Bone Spring Sand
4 Well Location		
Unit Letter_N330	feet from the South line and158	60feet from the Westline
Section 16	Township 25S Range 29E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3000'	
10 61 1		D (01 D)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	TENTION TO: SUB	SEQUENT REPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL WOR	
TEMPORARILY ABANDON	 ,	ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	T JOB 🔲
DOWNHOLE COMMINGLE		
OTHER.	□ OTHER:	П
13 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 rec		
	ectfully requests to change the plans of the original AP	D depth of the Pilot Hole from 7800' to
8100'		
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•		
Spud Date:	Rig Release Date:	
		,
hereby certify that the information		
	above is true and complete to the best of my knowledge	ge and belief.
100	above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE		
SIGNATURE Jugles	above is true and complete to the best of my knowledge of the best of the best of my knowledge of the best	
SIGNATURE	Analyst	OATE_4/14/10
	Analyst	OATE_4/14/10
Type or print nameJudy A_Barne For State Use Only	tt E-mail address: PHONE, 405.228 8	OATE_4/14/10
Type or print nameJudy_A_Barne	Analyst	OATE_4/14/10