

Submit 1 Copy To Appropriate District Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OCD – REC'D 9/15/2020

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)		WELL API NO. 30-015-44116
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Ave Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name AGATE PWU 21-22
4. Well Location Unit Letter <u>A</u> : <u>585</u> feet from the <u>N</u> line and <u>235</u> feet from the <u>E</u> line Section <u>20</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number 9H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3334 GR		9. OGRID Number 6137
10. Pool name or Wildcat 98199 - parkway;bs,west		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>	
--	--	---	--

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 recompletion.

Devon Energy Production Company (Devon) is respectfully informing the subject well has returned to production.

Return to Production: 08/27/2020  
 Test Date: 08/27/2020  
 Oil- 409 BBL  
 Gas- 1365 MCF  
 Water- 73 BBL

Spud Date: 05/19/2017      Rig Release Date: 06/28/2017

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Chelsey Green TITLE REGULATORY PROFESSIONAL DATE 09/15/2020

Type or print name CHELSEY GREEN E-mail address: CHELSEY.GREEN@DVN.COM PHONE: 405-228-8595

**For State Use Only**

APPROVED BY: Accepted for record – NMOCD gc 9/23/2020 DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_