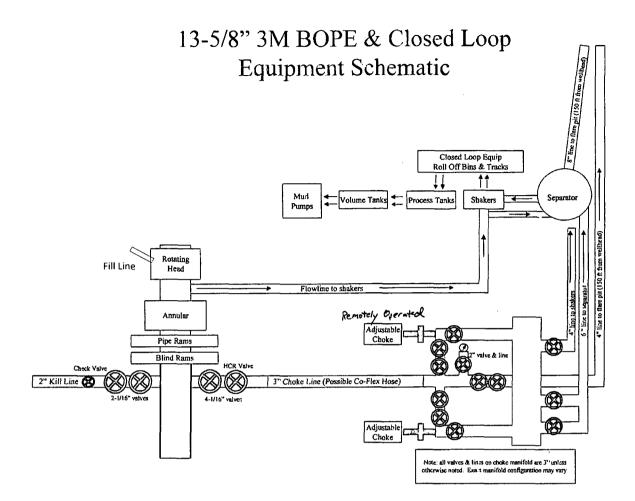
Office Office	State of New Me	exico	Form C-103
District I	Energy, Minerals and Natu	ral Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-015-40512	
1301 W. Grand Ave., Artesia, NM 88210 \ OIL CONSERVATION DIVISION			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama Pe, Nivi 8	7303	6. State Oil & Gas Lease No.
	ES 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Agate PWU 21
1. Type of Well: Oil Well Gas Well Other			8. Well Number 8H
2. Name of Operator Devon Energy Production Company L. P. Devon Energy Production Co., LP			9. OGRID Number 6 6137
3. Address of Operator			10. Pool name or Wildcat
333 W. Sheridan Avenue, Oklahoma City, OK 73102 (405) 228-7203			55510 Scanlon Draw; Bone Spring
4. Well Location	Coat from the Couth line	and 50	fact from the West line
Unit Letter M : 130 feet from the South line and 50 feet from the West line Section 21 Township 19S Range 29E NMPM Eddy County			
	11. Elevation (Show whether DR	 	
3325.7'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOF			DRK ☐ ALTERING CASING ☐
		RILLING OPNS. P AND A	
	MULTIPLE COMPL	CASING/CEME	NT JOB
DOWNHOLE COMMINGLE			
OTHER: Change BOP		OTHER:	
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 Co attached diagram on the Agat		s to make a chang	e from a triple ram to a double ram. Please see
Attachments: BOPE & Closed Loop Equipment Schematic			RECEIVED
			MAY OF COLO
			MAY 0.7 -2013
			NMOCD ARTESIA
			*
I hereby certify that the information ab	ove is true and complete to the b	est of my knowled	dge and belief.
1 - 0	1		• .
SIGNATURE from Our TITLE Regulatory Associate DATE 05/06/13			
Type or print name: Trina Couch E-mail address: trina.couch@dvn.com PHONE: (405) 228-7203			
For State Use Only	۸ .		-1.1
APPROVED BY: // Conditions of Approval (if any):	TITLE DIST	II Spewis	DATE 5/7/2013



13-5/8" x 3,000 psi BOP Stack

