

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

WELL API NO. 30-015-41182
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Onyx PWU 29
8. Well Number 7H
9. OGRID Number 6 6137
10. Pool name or Wildcat Parkway; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3316

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator Devon Energy Production Company L. P.
Devon Energy Production Co., LP

3. Address of Operator
333 W. Sheridan Avenue, Oklahoma City, OK 73102 (405) 228-7203

4. Well Location

Unit Letter L : 2310 feet from the South line and 620 feet from the West line
Section 28 Township 19S Range 29E NMPM Eddy County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: APD Cancellation ☒

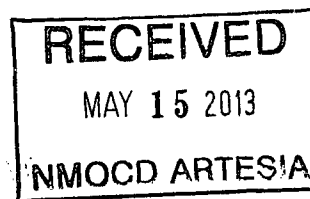
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 Company L. P. respectfully requests to withdraw the approved Onyx PWU 29 7H APD.



Cancelled effective 5/15/13

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

SIGNATURE Trina Couch TITLE Regulatory Associate DATE 5-14-2013

Type or print name: Trina Couch E-mail address: trina.couch@dmn.com PHONE: (405) 228-7203

For State Use Only

APPROVED BY SR Dade TITLE Dist # Supervisor DATE May 15-2013
Conditions of Approval (if any):