Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
District I - (575) 393-6161	Energy, Minerals a	and Natu	ral Resources	WELL API NO.	Revised July	18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 RILS First St. Artesia NM 88210 OIL CONSERVATION DIVISION				30-015-41148		
811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460' Santa Fe, NM 87505				6. State Oil & G		
1220 S. St. Francis Dr., Santa Fe, NM 87505						
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.)				7. Lease Name or Unit Agreement Name Spud 16 State		
	as Well Other			8. Well Number 10H		
Name of Operator Devon Energy Production Company, LP 405-228-7203				9. OGRID Number 6137		
3. Address of Operator				10. Pool name or Wildcat Laguna Salado; Bone Spring		
333 West. Sheridan Avenue Oklahoma City, OK 73102-5015 405-228-7203						
4. Well Location						
Unit Letter _I :20						
Section 16	Township 23S 11. Elevation (Show wh		ange 29E		ly County	
	2963.8	einer DK,	AAD, A1, GA, etc			
13 31 1		4	057			
12. Check Ap	propriate Box to Inc	dicate N	ature of Notice	; Report or Other	· Data	
NOTICE OF INT				BSEQUENT RE		NO [
	PLUG AND ABANDON CHANGE PLANS		REMEDIAL WOL	RILLING OPNS.□	ALTERING CASI P AND A	NG []
	MULTIPLE COMPL		CASING/CEMEN			
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTÉM	•		OTHER:		•	
OTHER: Amendment	tod anaustiana (Classic	S atata all a	antinant dataila a	ud aivo mantinant das	too including action	otad data
 Describe proposed or complet of starting any proposed work proposed completion or recor 	c). SEE RULE 19.15.7.					
Devon Energy Production Co	mnony I D rospostfull	v roguanto	to amand the ann	round NOI to modif	iv production cosine	a on the
Spud 16 State 10H and proceed with the					y production casing	g on the
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I hereby certify that the information ab	nove is true and complet	e to the h	est of my knowled	ge and helief		
Thereby certify that the information at	· / /	e to the bi	est of my knowled	ige and benef.		•
SIGNATURE	Cal	TITL	E: Regulatory	Associate DA	TE <u>4/8/2014</u>	
Type or print name. Trina C. Couc	E-mail addre	ess: <u>trina.</u>	couch@dvn.com	PHONE: 4	405-228-7203	
For State Use Only	2000	1).	574	(D), 11CD	4/8/2	2/1/
APPROVED BY Conditions of Approval (if any):	TITL	.Е <u></u> ₩ / С	JV VI	yermisi b	ATE//O/C	<i>Y Y</i>