

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

Form C-103
 Revised July 18, 2013

WELL API NO.
 30-015-31338

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
 SCARY CREEK 25 A STATE COM

8. Well Number
 1

9. OGRID Number
 6137

10. Pool name or Wildcat
 WC Scary Creek; Atoka (Gas)

RECEIVED

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, LP

3. Address of Operator
 333 W. Sheridan Avenue, Oklahoma City, OK 73102

4. Well Location
 Unit Letter A : 660 feet from the North line and 660 feet from the East line
 Section 25 Township 20S Range 26E NMPM Eddy County, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3281' KB; 3264' GL; 17' KB to GL

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

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

- 1/6/17--MIRU. P&A Unit.
- Retrieve 2-3/8" production tubing and Packer from 9,706'. Set CIBP @ 9,700'. Tagged plug. Circulated 10# salt gel, tested casing to 500 psi.
- Spot 25 sx Cl H @ 9,700'. Tagged TOC @ 9,445'.
- Spot 25 sx Cl H @ 7,850' - 7,650'. (T. Wolfcamp @ 7,846')
- Spot 25 sx Cl C @ 4,650' - 4,400'. (3000' spacer plug)
- Perf 5-1/2" casing @ 2,470'. Unable to pump in. Spot 25 sx Cl C @ 2,520'. Tagged TOC @ 2,310'. (T. Bone Spring @ 2,470')
- Perf 5-1/2" casing @ 1,750'. Pump 40 sx Cl C in/out @ 1,750'. Tagged TOC @ 1,563'. (8-5/8" shoe @ 1,700')
- Perf 5-1/2" casing @ 515'. Pump 125 sx Cl C in/out to surface. (13-3/8" shoe @ 465')
- 1/16/17--Cut wellhead off. Set above ground level dry hole marker. Wellbore plugged & abandoned.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

Approved for plugging of wellbore only.
 If wellbore under head is retained pending receipt
 of OGD subsequent Report of Well Plugging/
 which may be found at OGD Web Page under
 Form: www.cmnfr.state-nm.us/ocd.

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

SIGNATURE Ronnie Slack TITLE Production Technologist DATE 1-18-17

Type or print name Ronnie Slack E-mail address: Ronnie.Slack@dvn.com PHONE: 405-552-4615

For State Use Only

APPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE 1/20/17
 Conditions of Approval (if any):