

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

Form C-103  
 Revised July 18, 2013

**NM OIL CONSERVATION DIVISION**  
 OIL CONSERVATION DIVISION DISTRICT  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 SET 21 2017

WELL API NO.  
 30-015-28198

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

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 L : 2310 feet from the South line and 330 feet from the West line  
 Section 36 Township 23S Range 31E NMPM Eddy County, NM

7. Lease Name or Unit Agreement Name  
 TODD 36 L STATE

8. Well Number  
 4

9. OGRID Number  
 6137

10. Pool name or Wildcat  
 Ingle Wells; Delaware

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3495' KB; 3484' GL; 11' 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.

- 9/12/17--MIRU P&A unit. POOH w/ rod pump assembly.
- 9/13/17--POOH w/2-7/8" production tubing assembly. Set CIBP @ 6,540'.
- 9/14/17--Circ hole w/10# salt gel. Tested casing to 500 psi. Spot 25 sx Cl C @ 6,540'. Tagged TOC @ 6,277'. Spot 25 sx Cl C @ 5,430'.
- 9/15/17--Tagged TOC @ 5,139'. Perfed @ 4,500'. Unable to pump in. Spot 45 sx Cl C @ 4,550'. Tagged TOC @ 4,085'. Perfed @ 1,100'. Pumped 80 sx Cl C in/out @ 1,100'.
- 9/18/17--Tagged TOC @ 701'. Perfed @ 145'. Pumped 35 sx Cl C in/out to surface. Dug out cellar. Cut wellhead off 3" BGL. Installed BGL dry hole marker. Backfilled cellar. Dug up anchors. Wellbore plugged & abandoned.

Spud Date:  Rig Release Date:

Approved for plugging of well bore only.  
 Responsibility under bond is retained pending receipt  
 of C-103 (Subsequent Report of Well Plugging)  
 which may be found at OCD Web Page under  
 Forms, www.cmn.state.nm.us/oecd.

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 9-18-17

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

**For State Use Only**

APPROVED BY: Debut 2 Byrd TITLE COMPLIANCE OFFICER DATE 9/25/2017  
 Conditions of Approval (if any):