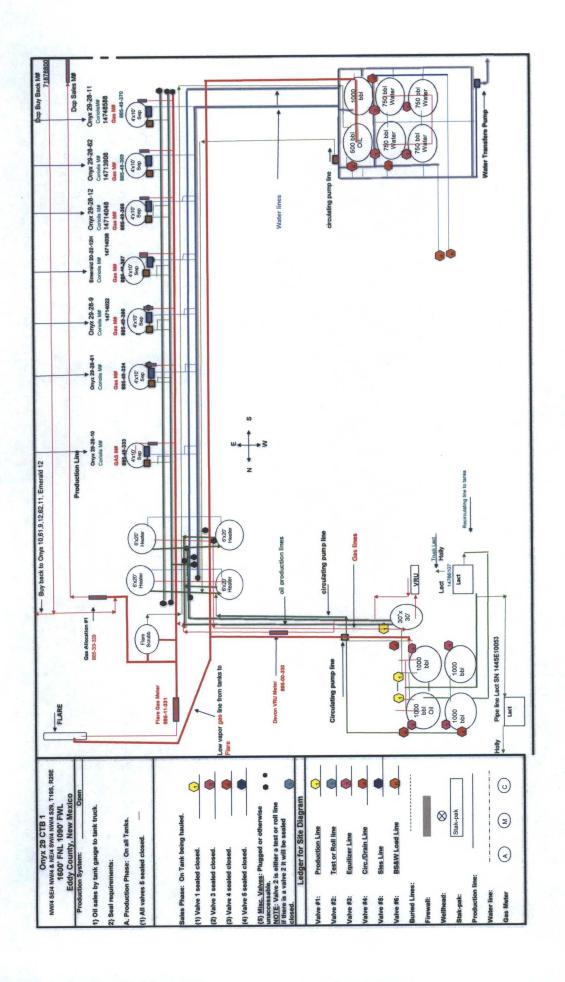
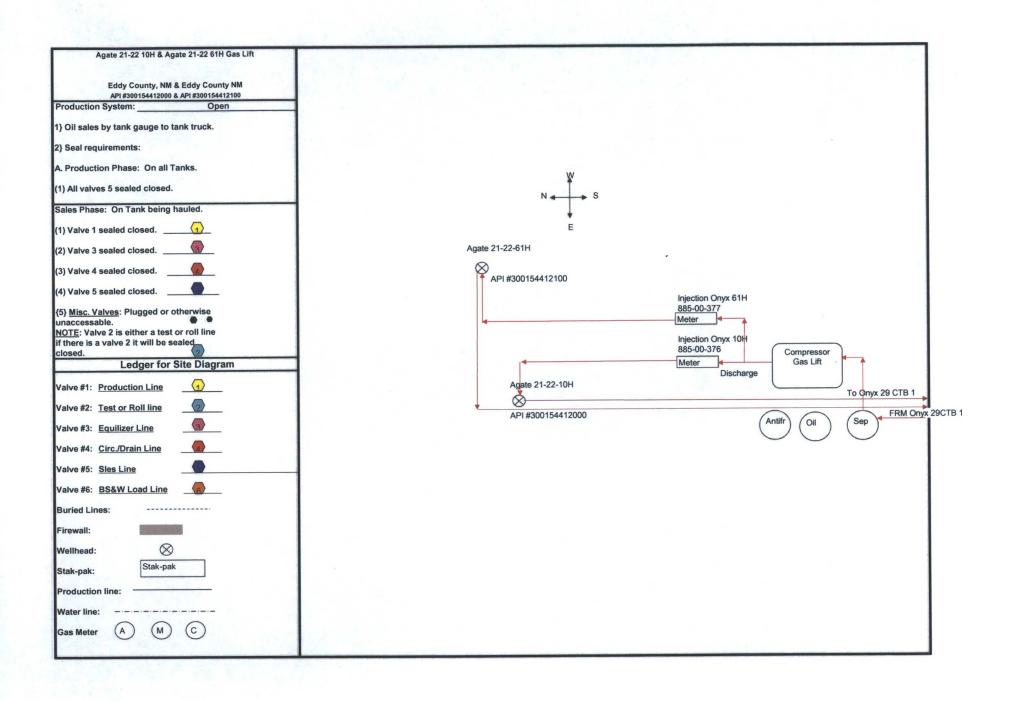
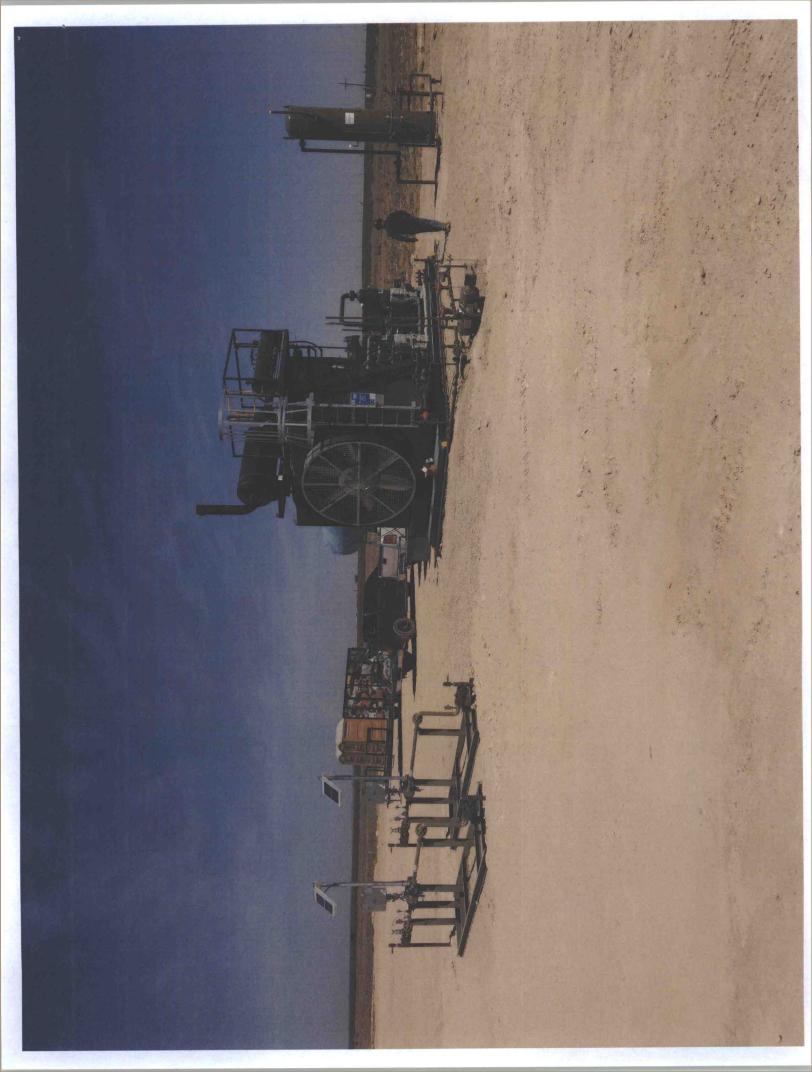
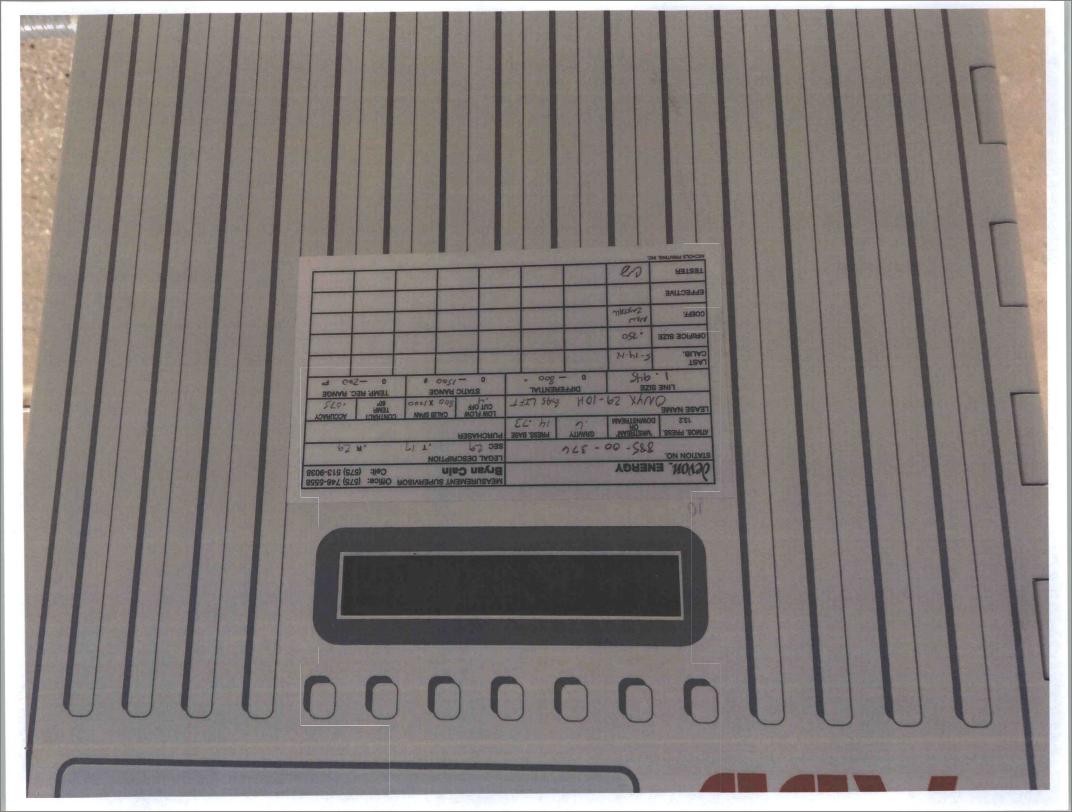
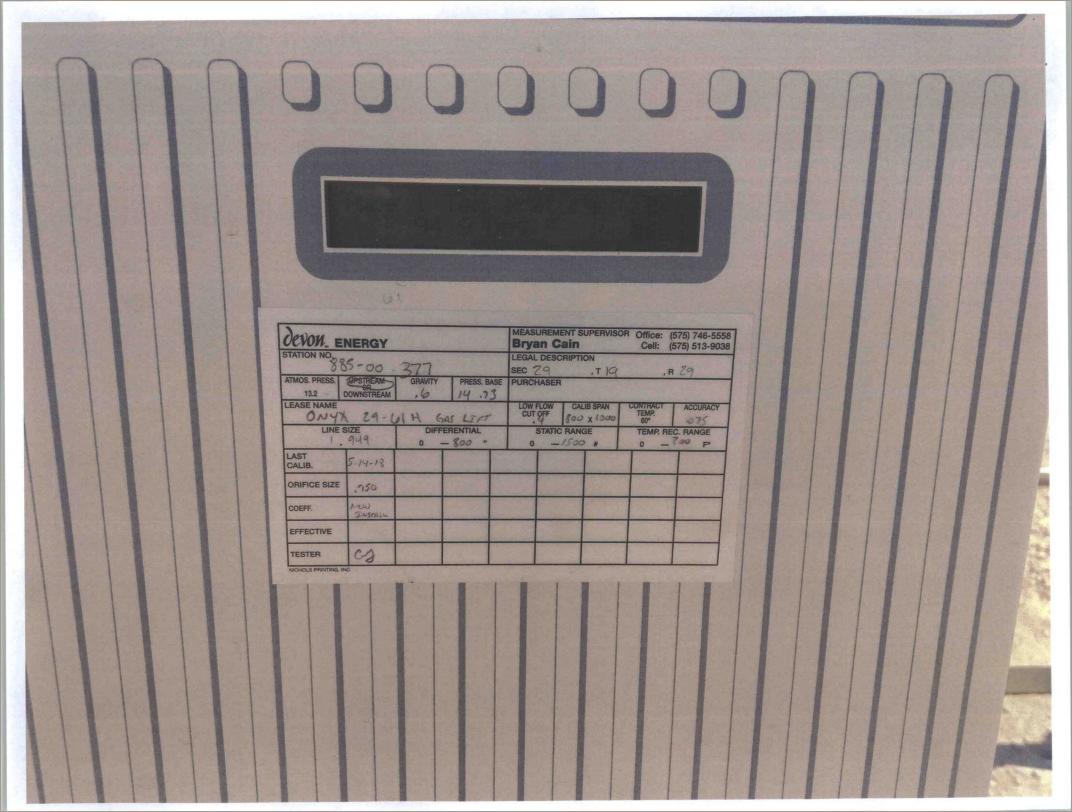
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103		
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resource	Nes Revised July 18, 2013 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-15-44363		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease		
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM				
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Onyx PWU 29-28		
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 10H		
		9. OGRID Number		
2. Name of Operator DEVON ENERGY PRODUCTI	ON CO LP	6137		
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 250, ARTESIA, NM 88210		Parkway; Bone Spring, West		
4. Well Location	-			
Unit Letter E ; 1690	feet from theNORTH_ line and310	feet from the _WESTline		
	ship 19S Range 29S N	IMPM County EDDY		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
高台灣科學學院	3309' GL			
40 61 1		Lating Domest on Other Date		
12. Check	Appropriate Box to Indicate Nature of N	ionce, Report of Other Data		
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		L WORK ALTERING CASING		
TEMPORARILY ABANDON		ICE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/O	CEMENT JOB		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM	E 07.150			
OTHER:	OTHER:	tails and give pertinent dates including estimated date		
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.				
Diseases attached site facility dies	Tom "Once 20 CTR 1" for the Once PWII 20 2	8 #10H, Gas Lift diagram, and pictures of various		
related equipment.	Taill Ollyx 29 CTB 1 for the Ollyx 1 w 0 29 25	6 W1011, Gus Eitt Glagfalli, alle pictarios or various		
Totated equipment.				
Thank you.		RECEIVED		
		MEGELACIO		
		0.4.0040		
		MAY 2 4 2018		
		0 C D		
		DISTRICT II-ARTESIA O.C.D.		
Sand Date:	Rig Release Date:			
Spud Date:	Rig Release Date.			
I hereby certify that the information	above is true and complete to the best of my ki	nowledge and belief.		
40 (
N ha	enoudTITLE_ADMIN FIELD	CLIDDODE DATE 5/22/2019		
SIGNATURE	TITLE_ADMIN FIELD	SUPPORTDATE5/22/2018		
Type or print nameDENISE MENOUD _ E-mail address:denise.menoud@dvn.com PHONE:(575)746-5544				
For State Use Only				
A STATE OF THE PARTY OF THE PAR		U-18		
APPROVED BY:	elis TITLE STAT N	DATE 5-24-18		
Conditions of Approval (if any):				

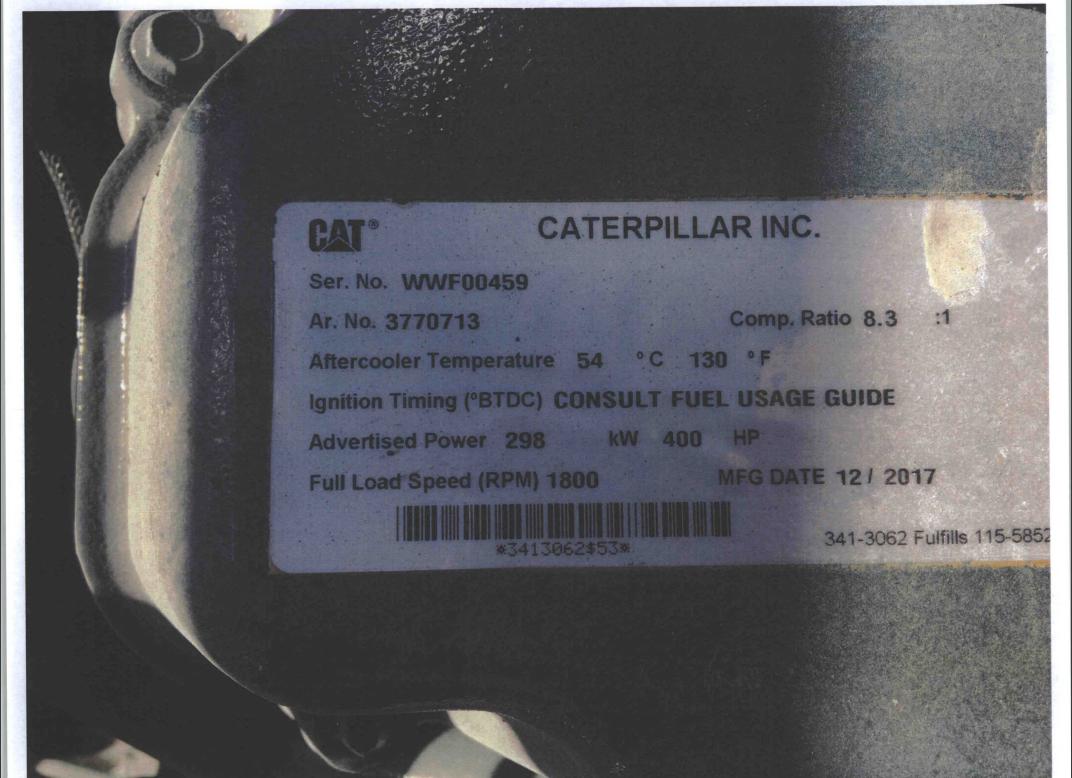














NR 5030



MAWP INTERNAL	49 PSI at 125	°F
MAWP EXTERNAL	PSI at	°F
MDMT20	°F at 250	PSI
SERIAL NO.	JF-4093	1
YEAR BUILT	2017	
SIZE 30 , 10 = D.	X 120110/c	