

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

OIL CONSERVATION DIVISION
1220 South 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.) 1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		WELL API NO. 30-015-44068 5. Indicate Type of Lease STATE ☒ FEE ☐ 6. State Oil & Gas Lease No.
2. Name of Operator Devon Energy Production Company, LP		7. Lease Name or Unit Agreement Name Cotton Draw Unit 8. Well Number 511H
3. Address of Operator 333 West. Sheridan Avenue Oklahoma City, OK 73102-5015 405-228-2810		9. OGRID Number 6137 10. Pool name or Wildcat Paduca; Bone Spring
4. Well Location Unit Letter Q : 230 feet from the S line and 1965 feet from the E line Section 25 Township 24S Range 31E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3512' GR		

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Change Production Method ☒

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.

Production method changed from flowing to gas lift.

Revised Site Facility Diagram and Central Tank Battery attached.

RECEIVED

JUL 12 2018

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE Linda Good TITLE: Regulatory Specialist DATE 7/11/2018
Type or print name: Linda Good E-mail address: linda.good@dvn.com PHONE: 405-552-6558
For State Use Only
APPROVED BY: [Signature] TITLE Staff Mgr. DATE 7-12-18
Conditions of Approval (if any):



