

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.)		WELL API NO. Multiple
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No. Multiple
3. Address of Operator 333 W. Sheridan Ave Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Multiple
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM Lea _____ County NM		8. Well Number Multiple
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 6137
10. Pool name or Wildcat Multiple		

OCD - HOBBS
04/27/2020
RECEIVED

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Shut In Sundry Per SLO Order 19.2.100.71 <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

Per SLO Order 19.2.100.71 - TEMPORARY SHUT-IN OF OIL WELLS DUE TO SEVERE REDUCTION IN THE PRICE OF OIL - Devon Energy Production Company, L.P. respectfully requests shut in status for the following wells:

API	WELL NAME	PRODUCING STATUS	EFFECTIVE DATE	STR	STATE LEASE
3002535640	FALCON 32 STATE 3	Shut-In	3/27/2020	K-32-23S-32E	ST OF NM V0-3407
3002536555	FALCON 32 STATE 4	Shut-In	4/21/2020	C-32-23S-32E	ST OF NM V0-3407
3002534306	TOMCAT 16 STATE 2	Shut-In	4/21/2020	M-16-23S-32E	ST of NM V0-4340
3002534809	TOMCAT 16 STATE 3	Shut-In	3/27/2020	L-16-23S-32E	ST of NM V0-4340
3002534810	TOMCAT 16 STATE 4	Shut-In	4/21/2020	E-16-23S-32E	ST of NM V0-4340
3002534923	TOMCAT 16 STATE 7	Shut-In	3/27/2020	K-16-23S-32E	ST of NM V0-4340

Spud Date:

Rig Release Date:

ACCEPTED FOR RECORD ONLY

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

SIGNATURE Jenny Harms TITLE Regulatory Analyst DATE 4/27/2020

Type or print name Jenny Harms E-mail address: jenny.harms@dvn.com PHONE: 405-552-6560

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

For State Use Only