Submit I Copy To Appropriate District Office	State of New Mex			Form C-103
District I – (575) 393-6161 310BBS OC 1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Natur	al Resources	WELL API NO	Revised August 1, 2011
D' . ' . H (575) 740 1202	OH CONCERNATION	HOBBS	WELL API NO. ' 30-025-	40748
811 S First St., Artesia, NM 8821 OCT > 4 2	QIL CONSERVATION	DIVISION	5. Indicate Type of	
District III – (505) 334-6178	1220 South St. Fran	cis Dr. Det a	2012 STATE 🖂	FEE
District IV - (505) 476-3460	Santa Fe, NM 87	505	6. State Oil & Gas	Lease No.
1220 S. St. Francis Dr., Santa Fe, NMRECEIVE 87505	D)	/ RECEIV		
	AND REPORTS ON WELLS	mecely,	7. Lease Name or U	Jnit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATIO"	TO DRILL OR TO DEEPEN OR PLU	G BACK TO A	Ironhouse 20 S	
PROPOSALS.) 1. Type of Well: Oil Well Gas V	Well 🗌 Other	:	8. Well Number	
			#002F	
2. Name of Operator	.		9. OGRID Number	
Devon Energy Production Company, L.P. 3. Address of Operator			6137 10. Pool name or Wildcat	
333 W. Sheridan, Oklahoma City, OK 7	3102			518A; Bone Spring
4. Well Location				
Unit Letter A feet 500	from the North line and	200 feet from the	a Fact line	
	_from the North line and _			Las Country NM
	Township 18S Elevation (Show whether DR,	Range 35E	E NMPM	Lea, County NM
	3925.3' GL	KKB, K1, GK, etc.)		
	3723.5 GE			<u> </u>
12 Charle Anne	anriota Day ta Indianta No	otura of Notica D	anart or Other D	Noto
12. Check Apple	opriate Box to Indicate Na	ature of Notice, K	eport of Other L	raia
NOTICE OF INTEN	ITION TO:	SUBS	EQUENT REP	ORT OF:
	_			LTERING CASING
TEMPORARILY ABANDON				AND A
PULL OR ALTER CASING MU	ILTIPLE COMPL	CASING/CEMENT	JOB 🗆	
DOWNHOLE COMMINGLE				
	_			
OTHER: Withdrawal APD Permit		OTHER:		
13. Describe proposed or completed				
of starting any proposed work). Sproposed completion or recompletion		. For Multiple Comp	pietions: Attach we	libore diagram of
proposed completion of recomple	tion.			
Devon Energy Production Co., L	P respectfully requests the with	hdrawal of the appro-	ved APD for the Iro	nhouse 20 State
Com. 2H in Section 20-18S-35E.	• •			
Thank you!				
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			HE	CEIVED
			0.0	T 12 2012
			1 00	1 1 2012
			NIMO	CD ARTESIA
			MINIC	OB AITTEGET
I hereby certify that the information above	e is true and complete to the be	st of my knowledge:	and belief	
	, is true and complete to the be	st of my knowledge	and belief.	
	10000			
SIGNATURE: June WOW	TITLE: Regulatory	Compliance Associa	nte DATE: 10/	11/12
				
	Erin.workman@dvn.com	PHONE	E: <u>(405) 552-79</u>	70
For State Use Only		/		
APPROVED BY:	TITLE J	Tet ma	D 4 T	E 10-25-201
Conditions of Approval (if any).	Tille_		DAT	E/000-20/
Conditions of Approval (IFally)	,			