Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 MOSSIS OCT Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-40611
District II - (575) 748-1283 NOV 1 4 2012 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-01/8 1220 South St. Francis Dr.	STATE STEE
District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S St. Francis Dr , Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, TMP VCD 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Ironhouse 20 State Com
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other	#001H
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 73102	WC-025 G-06 S183518A; Bone Spring
4. Well Location	
Unit Letter P feet 660 from the South line and 50 feet from the East line	
Section 20 Township 18S Range 35E NMPM Lea, County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
n/a	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORTOF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
	RILLING OPNS. PANDA
PULL OR ALTER CASING	NT/VOB 🗆 🗸
DOWNHOLE COMMINGLE	
OTHER: Withdrawal APD Permit	
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.	
proposed completion of recompletion.	
Devon respectfully requests the withdrawal of the approved APD for the Ironhouse 20 State Com 1H in Section 20-18S-35E.	
Thank you!	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
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SIGNATURE: DATE: 10/11/12 TITLE: Regulatory Compliance Associate DATE: 10/11/12	
TTEE. Regulatory Compliance Associate DATE. 10/11/12	
	ONE: <u>(405) 552-7970</u>
For State Use Only	
APPROVED BY STATE OF STATE DATE 11-15-2012	
Conditions of Approval (if any):	