Submit 1 Copy To Appropriate District Office District 1 - (575) 393-6161 Figure 2	Form C-103 Revised August 1, 2011
1625 N. Franch Dr. Habba NA 99340	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 FEB 1 012 CONSERVATION DIVISION	30-025-00370 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE STEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fc, NM 87505	6. State Oil & Gas Lease No.
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	7. Lease Name or Unit Agreement Name Lea R State NCT-A
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number
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 Phone: (405) 552-7970	Scanlon Draw; Bone Spring
4. Well Location	
Unit Letter A: 990 feet from the North line and 660 feet from the	Eastline
Section 2 Township 16S Range 32	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
· · · · · · · · · · · · · · · · · · ·	RILLING OPNS. P AND A
PULL OR ALTER CASING	NT JOB
OTHER: OTHER:	
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.	
* Amended per EL Gonzales 02/14/13 *	
Devon Energy Production Company, LP respectfully requests to amend the previously approved sundry to TA the Lea R State NCT-A #1 as follows:	
CIBP will be set @ 9,750 over the existing Wolfcamp perfs & dump bail 35' of cmt on top.	
Thank you!	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
SIGNATURE: TITLE: Regulatory Compliance Ass	ociate DATE: <u>02/14/13</u>
Type or print name: Erin Workman E-mail address: Erin workman@dvn.com PHONE: 405-552-7970	
For State Use Only	
Conditions of Approval (if any):	Hicer DATE 02-15-2013