Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	30-025-41517
811 S. First St., Artesia, NM 88210 CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.	STATE TEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr. Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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	D. II. T. 10 Co.
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Bell Lake 19 State
1. Type of Well: Oil Well Gas Well Other	8. Well Number 4H
2. Name of Operator Devon Energy Production Company, LP	9. OGRID Number 6137
3. Address of Operator	10. Pool name or Wildcat
333 W. Sheridan Ave. OKC, OK 73102 4. Well Location	WC-025 G-07 S243225C; LOWER BONE SPRING
Unit Letter O: 200 feet from the South line and 1820 feet from the East line	
Section 19 Township 24S Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3548.1'	
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	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM OTHER: OTHER:	Spud Notification
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
See Jevell @ 11:20 on 5/11/2014	
Spud well @ 11:30 on 5/11/2014.	
Spud Date: 5/11/2014 Rig Release Date: 6/10/20	21.1
Spud Date: 5/11/2014 Rig Release Date: 6/10/20	014
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE WILL TITLE Regulatory Analyst	DATE_ 9/22/2016
Type or print name Rebecca Deal E-mail address: rebecca.deal@	@dvn.com PHONE: 405-228-8429
For State Use Only	, 1
APPROVED BY: Marin Stown TITLE Dist Supervisor DATE 1065/2016	
Conditions of Approval (if any):	