Submit 1 Copy To Appropriate District State of New Mex	ico	Form C-103
rict I – (575) 393-6161 Revised August 1,		Revised August 1, 2011
Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88218 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 State of New Mexico Minerals and Natural Resources OSERVATION DIVISION		WELL API NO.
District II – (575) 748-1283 811 S. First St. Artesia, NM 88210	DIVISION	30-025-40898
1625 N. French Dr., Hobbs, NM 8824B 1625 N. French Dr., Hobbs, NM 8824B 1625 N. French Dr., Hobbs, NM 8824B 1625 N. French Dr., Hobbs, NM 8821B 1625 N. French Dr., Hobbs, NM 8821B 1625 N. French Dr., Hobbs, NM 8824B 1625 N. French Dr., Hobbs, NM		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505		STATE S FEE 6. State Oil & Gas Lease No.
District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS		6. State Off & Gas Lease No.
87505		
DOTIDITI TIOTICED THE TELL OF THE COLLEGE		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		/
PROPOSALS.)		THISTLE UNIT
1. Type of Well: Oil Well Gas Well Other		8. Well Number 43H
2. Name of Operator		9. OGRID Number
Devon Energy Production Company, L.P.		6137
3. Address of Operator		10. Pool name or Wildcat
333 W. Sheridan Avenue, Oklahoma City, Oklahoma 73102-5010	(405) 552-7848	TRIPLE X; BONE SPRING
4. Well Location		
Unit Letter M : 200 feet from the S line and 500 feet from the W line		
Section 33 Township 23S Range 33E NMPM Lea, County New Mexico		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3,656'		
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 ☐		☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL		LING OPNS. □ P AND A □
PULL OR ALTER CASING MULTIPLE COMPL	L CASING/CEMENT JOB	
DOWNHOLE COMMINGLE		
_		
		t – Revised to correct TOP date
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.		
4/1/13 - 4/3/13 -MIRU Key Rig 306; ND WH & NU BOP. PU & RIH w/ 4 ¾" bit and tbg, tag PBTD @ 15,677', test csg @ 2500psi for 15 min; ok.		
Displ. Hole w/ 400 bbls 2% KCL. POOH w/ tbg & BHA, prepare to run CBL log.		
4/4/13 – 4/19/13 – MIRU Cased Hole Solutions & run CBL from 11,280' to 5,000'; TOC approx. 5,330'. POOH & RD WL. RIH w/perf guns, perf		
intervals from 11,322' – 15,654' w/ 500 holes. POOH. Frac 10 stages w/ 2,063,396# 30/50 WS, 40,000 gals 15% HCL, 592,568# 20/40 CRC, 775,629#		
100 Mesh & 31,399 bbls XL Fluid & 1,207,734 bbls Slick water; FL w/3,110 bbls water. RD & release frac equipment. TOP.		
	s water. KD & release	irac equipment. TOP.
	s water. RD & release	irac equipment. TOP.
	s water. RD & release	irac equipment. TOP.
I hereby certify that the information above is true and complete to the best		
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I hereby certify that the information above is true and complete to the best SIGNATURE TITLE_Regulator	t of my knowledge	
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SIGNATURE TITLE_Regulate Type or print name Rebecca Deal E-mail address: _r	t of my knowledge	DATE6/6/2017
SIGNATURE TITLE_Regulator	t of my knowledge a ory Analystt rebecca.deal@dvn.c	DATE 6/6/2017 om PHONE: (405) 228-8429
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