

Submit One Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 S. First St., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised November 3, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OCD
 APR 18 2018
 RECEIVED

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 PROPOSALS.)		WELL API NO. 30-025-42217
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator DEVON ENERGY PRODUCTION CO LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 250, ARTESIA, NM 88211		7. Lease Name or Unit Agreement Name CHINCOTEAGUE 32 STATE COM
4. Well Location Unit Letter <u>O</u> : <u>201</u> feet from the <u>SOUTH</u> line and <u>2600</u> feet from the <u>EAST</u> line Section <u>32</u> Township <u>24S</u> Range <u>32E</u> NMPM _____ County <u>LEA</u>		8. Well Number <u>4</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3470' GL		9. OGRID Number 6137
10. Pool name or Wildcat SECOND BONE SPRING SAND		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	

All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
 A steel below ground identification marker plate is welded to the top of the plugged wellhead, buried at least 3' below surface with GPS coordinates as follows: ---32.1671535413941, -103.696612470803 NAD83---PLUGGED CONDUCTOR
 It shows the **OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
 - Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
 - If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
 - All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
 - All other environmental concerns have been addressed as per OCD rules.
 - Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
 - If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.
- When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Denise Menoud TITLE ADMIN FIELD SUPPORT DATE 4/16/2018
 TYPE OR PRINT NAME Denise Menoud E-MAIL: denise.menoud@dvn.com PHONE: 575-746-5544
 For State Use Only
 APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 05/03/2018
 Conditions of Approval (if any):