

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

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

CONFIDENTIAL Form C-103
 Revised August 1, 2011

HOBBS OGD
 SEP 23 2019
 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. 30-025-45451
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Bell Lake 19-18 State Com
4. Well Location Unit Letter <u>P</u> : <u>481</u> feet from the <u>South</u> line and <u>1122</u> feet from the <u>East</u> line Section <u>19</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>7H</u> 9. OGRID Number <u>6137</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3540.2'		10. Pool name or Wildcat TRIPLE X; BONE SPRING, WEST WC-025 G-06 S253201M; Upper Bone Spring

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"/> DOWNHOLE COMMINGLE <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"/>		OTHER: Completion <input checked="" type="checkbox"/>	

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.

6/5/2019-8/17/2019: MIRU WL & PT csg, for 30min, OK . TIH & ran CBL, found TOC @ 4400'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9804'-19,535'. Frac totals: 19,450,880# prop, 534 bbls acid. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTD 19,543'. CHC, FWB, ND BOP. RIH w/ 271jts 2-7/8" L-80 tbg, set @ 9145'. TOP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rebecca Deal TITLE Regulatory Analyst DATE 9/23/2019

Type or print name Rebecca Deal E-mail address: Rebecca.Deal@dvn.com PHONE: 405-228-8429
For State Use Only

APPROVED BY: [Signature] TITLE L.M. DATE 10/8/2019
 Conditions of Approval (if any):