Office	State of New Me			Form C-1	
District I	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-39071 5. Indicate Type of Lease		
District III	1220 South St. Francis Dr.		STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on & Ga	is Lease IV.	
	CES AND REPORTS ON WELLS		7. Lease Name or	r Unit Agreement Nam	ie ·
(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			Snapping 2 State		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 4H		
2. Name of Operator: Devon Energy Production Company L. P.			9. OGRID Number 6137		
3. Address of Operator:			10. Pool name or Wildcat		
20 N. Broadway, Oklahoma City, OK 73102-8260			Wildcat; Bone Spring		
4. Well Location Unit Letter 7: 33 Gee	et from the \leq line and $\frac{735}{}$	feet from the	line		
Section 2				der Country	
Section 2	Township 26S Range 11. Elevation (Show whether DR,			dy County	. 61
	GR	KAB, KI, GK, elc	.)		
12. Check Appropriate Box to		eport or Other	Data		
•• •	•				
NOTICE OF INT			SEQUENT RE		_
PERFORM REMEDIAL WORK					
TEMPORARILY ABANDON	CHANGE PLANS	· · · · · · · · · · · · · · · · · · ·			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB ∐		
DOWNHOLE COMMINGLE					
OTHER: 🛛		OTHER:			П
13. Describe proposed or completed of	operations. (Clearly state all pertinent de		nt dates, including estin	nated date of starting any	<u> </u>
proposed work). SEE RULE 19.1	5.7.14 NMAC. For Multiple Completion	ons: Attach wellbore	liagram of proposed cor	npletion or recompletion.	
Devon Energy Production Company, LP r	espectfully requests to the following:				
The subject well will be drilled without	ut a pilot hole				
			REC	FIVED	
			AUG	9 2011	
			NMOCE	ARTESIA	
				•	
I hereby certify that the information al	bove is true and complete to the be	est of my knowledg	ge and belief.		
SIGNATURE	ow OTITLE Regulatory A	Analyst DATE	Quaux +8	1.2011	
	ノート		\circ		
Type or print name: _Melanie Crawfo	rd \L=mail address: _melanie.c	rawtord@dvn.con	n PHONE: 405-5	52-4524	_
For State Use Only	8				
APPROVED BY TOURS	Hoy TITLE Fiel	d Suppris	DA DA	TE 8-23-11	
Conditions of Approval (if any):				<u> </u>	-
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