

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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
May 27, 2004

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

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. See Below
2. Name of Operator Devon Energy Production Company, LP		5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102 (405) 552-4524		6. State Oil & Gas Lease No. NMNM-99147
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 8 Township 25S Range 29E NMPM Eddy County New Mexico		7. Lease Name or Unit Agreement Name See Below
11. Elevation (Show whether DR, RKB, RT, GR, etc.) n/a		8. Well Number See Below
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		9. OGRID Number 6137
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		10. Pool name or Wildcat 96217 - Willow Lake; Bone Spring, SE
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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"/> OTHER: Off Lease Gas Measurement, Sales & Storage <input checked="" 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: OLM-68 <input type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co., LP respectfully requests to Off Lease Gas Measurement, Sales, & Storage for the following wells:

Slider 8 Federal 1H - 30-015-38242, Slider 8 Federal 2H - 30-015-38281, Slider 8 Federal 3H - 30-015-38272, & Slider 8 Federal 4H - 30-015-38243.

There is a central tank battery located on the Slider 8 Federal 4H location for the 4 wells to utilize. At this time they are the only wells utilizing the battery. Production will flow through 1st a separator, then a heater/treater on location before flowing to the DCP CDP Gas Sales Meter 727874-00 located in the NW corner of Section 16-T25S-R29E in Eddy County, NM. No other wells are connected to the gas line and reported gas volumes are the DCP CDP Gas Sales Meter 727874-00 volumes. The well test method will be used and each well will be tested 72 hours monthly.

ROW will or has already been obtained.

The working interest, royalty interest and overriding royalty interest owners are identical; no additional notification is required.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE: Melanie Crawford TITLE: Regulatory Analyst DATE: 6-5-12

Type or print name: Melanie Crawford E-mail address: Melanie.Crawford@dmv.com Telephone No. (405) 552-4524
For State Use Only

*APPROVED BY: [Signature] TITLE: Director DATE: 8/20/12
Conditions of Approval (if any):