

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.)		WELL API NO. 30-015-31876 & 30-015-37171
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, LP		6. State Oil & Gas Lease No.
3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802		7. Lease Name or Unit Agreement Name Strawberry 7 Federal
4. Well Location (See Below) Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ Eddy County _____ New Mexico		8. Well Number 1 & 3
11. Elevation (Show whether DR, RKB, RT, GR, etc.) n/a		9. OGRID Number 6137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat See Below
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: CENTRAL TANK BATTERY: OFF-LEASE GAS SALES & MEASUREMENT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **CTB-607** ☐

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. LLP respectfully requests approval for off lease gas sales and measurement of gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 1: API # 30-015-31876 Sec 7-T19S-R31E Lease NM-100561 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 3: API # 30-015-37171 Sec 7-T19S-R31E Lease NM-100561 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located east of the Hackberry 18 Federal 2 located at the NENW of Sec 18-T19S-R31E. The Well Test Method will be used to allocate production back to the wells (see proposed/current facility schematic). Waste is not induced and no correlative rights are impaired.

Note: NOI Sundry submitted 12/17/2009 for approval to lay 2500' of 3" poly from the Strawberry 7 Federal 3 to the Strawberry 7 Federal 1 tank battery. No ROW necessary, as line is within lease boundary; pending approval. ROW will or has already been obtained for the gas line.

The working, royalty, and overriding interest in both wells are uniform in Lease NM-100561; no further notification is necessary.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____ TITLE Sr. Staff Engineering Technician DATE 01/08/2010

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802
For State Use Only

* APPROVED BY: _____ TITLE Division Director DATE 2/8/10
Conditions of Approval (if any):