

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

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

Form C-103

May 27, 2004

<p>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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>WELL API NO. See Below</p> <p>5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No. NM-97133</p> <p>7. Lease Name or Unit Agreement Name See Below</p> <p>8. Well Number See Below</p> <p>9. OGRID Number 6137</p> <p>10. Pool name or Wildcat 53818 – Sand Dunes; Delaware, South</p>
<p>2. Name of Operator Devon Energy Production Company, LP</p>		
<p>3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-4524</p>		
<p>4. Well Location (See Below) Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM Eddy County New Mexico</p>		
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		

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 Measurement & Sales ☒

SUBSEQUENT REPORT OF:

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

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 permission for the Central Tank Battery, Off-Lease Gas Measurement & Sales for the following wells:

Blackjack 1 Federal 2 API: 30-015-33383 Section 1-T24S-R30E
 Black Jack 1 Federal 3 API: 30-015-35797 Section 1-T24S-R30E

OLM-44

A central tank battery is located at the Blackjack 1 Federal 2 location. The production from both wells will come to a common production header with isolation lines to route each wells production. The header is located on the Southeast side of the facility at the Blackjack 1 Federal 2 wellsite. The produced gas will go to through a Halliburton Meter to test the gas at the battery for each well before going to the DCP CDP. The DCP CDP Gas Sales Meter # 13135309 for both wells is located approximately 1.5 miles southeast of the Blackjack 1 Federal 2 location and approximately 1 mile southeast of the Black Jack 1 Federal 3 location in Section 7-T24S-31E, Eddy County, New Mexico, Latitude 32.2323184 and Longitude -103.8128159. The Off Lease Gas Measurement & Sales is due to the Operator installed gathering systems. Waste is not induced and no correlative rights are impaired.

The working interest, royalty interest and overriding royalty interest owners in the lease is uninformd; no additional notification is required

ROW will or has already been obtained.

Reviewed by [Signature] 4/22/11

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 1-10-2011

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

APPROVED BY: [Signature] TITLE OCD Director DATE 4/25/11
 Conditions of Approval (if any):