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|---|---|---|-------------------------------------|--|-----------------------|--|-----------------------|--------------------------|------------------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|--------|--|---------------|--------------------------|--|--|-------------------------|--------------------------|--|--|-------------------|--------------------------|--|--|--------------------|-------------------------------------|
| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462  | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural</b><br><b>Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 251714<br><hr/> WELL API NUMBER<br>30-025-44416<br><hr/> 5. Indicate Type of Lease<br>S<br><hr/> 6. State Oil & Gas Lease No.<br><br><hr/> 7. Lease Name or Unit Agreement<br>Name<br>THISTLE UNIT |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 1. Type of Well:<br>O   |   | 8. Well Number<br>099H  |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 2. Name of Operator<br>DEVON ENERGY PRODUCTION COMPANY, LP  |   | 9. OGRID Number<br>6137   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 3. Address of Operator<br>20 N Broadway, Oklahoma City, OK 73102  |   | 10. Pool name or Wildcat  |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 4. Well Location<br>Unit Letter <u>C</u> : <u>335</u> feet from the <u>N</u> line and feet <u>1760</u> from the <u>W</u> line<br>Section <u>22</u> Township <u>23S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3712 GR  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____   |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK</td> <td><input type="checkbox"/></td> <td>PLUG AND ABANDON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON</td> <td><input type="checkbox"/></td> <td>CHANGE OF PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td>REMEDIAL WORK</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>COMMENCE DRILLING OPNS.</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>CASING/CEMENT JOB</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Other: <u>Spud</u></td> <td><input checked="" type="checkbox"/></td> </tr> </table> |   |   | NOTICE OF INTENTION TO:             |  | SUBSEQUENT REPORT OF: |  | PERFORM REMEDIAL WORK | <input type="checkbox"/> | PLUG AND ABANDON | <input type="checkbox"/> | TEMPORARILY ABANDON | <input type="checkbox"/> | CHANGE OF PLANS | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> | MULTIPLE COMPL | <input type="checkbox"/> | Other: |  | REMEDIAL WORK | <input type="checkbox"/> |  |  | COMMENCE DRILLING OPNS. | <input type="checkbox"/> |  |  | CASING/CEMENT JOB | <input type="checkbox"/> |  |  | Other: <u>Spud</u> | <input checked="" type="checkbox"/> |
| NOTICE OF INTENTION TO:   |   | SUBSEQUENT REPORT OF:   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| PERFORM REMEDIAL WORK   | <input type="checkbox"/>  | PLUG AND ABANDON  | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| TEMPORARILY ABANDON   | <input type="checkbox"/>  | CHANGE OF PLANS   | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| PULL OR ALTER CASING  | <input type="checkbox"/>  | MULTIPLE COMPL  | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| Other:  |   | REMEDIAL WORK   | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
|   |   | COMMENCE DRILLING OPNS.   | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
|   |   | CASING/CEMENT JOB   | <input type="checkbox"/>            |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
|   |   | Other: <u>Spud</u>  | <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br><br><u>12/19/2017 Spudded well.</u><br><u>Spud well @ 16:30 12/19/17</u>  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .   |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| SIGNATURE <u>Electronically Signed</u> TITLE _____ DATE <u>4/30/2018</u><br>Type or print name <u>Daniel Peach</u> E-mail address <u>danny.peach@dvn.com</u> Telephone No. <u>405-552-4660</u>  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |
| <b>For State Use Only:</b><br>APPROVED BY: <u>[Signature]</u> TITLE _____ DATE <u>05/01/18</u>  |   |   |                                     |  |                       |  |                       |                          |                  |                          |                     |                          |                 |                          |                      |                          |                |                          |        |  |               |                          |  |  |                         |                          |  |  |                   |                          |  |  |                    |                                     |

Well was originally permitted as Thistle Unit # 1614, API 30-025-44066. Due to a large number of changes in well numbers and surface locations within the unit, Devon was

requested to resubmit APDs with changes for approval, and original APD was cancelled by OCD staff.

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**Subject:**

Thistle Unit : OPERATOR'S COMMENTS

Thistle Unit 99H - Well permitted and spud as Thistle Unit 161H, then requested APD cancellation. The Thistle Unit 99H was permitted in its place at the same location. The compliance filings filed under the name Thistle Unit 99H encompass the spud & drilling/casing operations for the entire wellbore, regardless of the name at the time of operations.

Thistle Unit 115H - Well permitted and spud as Thistle Unit 99H, then requested APD cancellation. The Thistle Unit 115H was permitted in its place at the same location. The compliance filings filed under the name Thistle Unit 115H encompass the spud & drilling/casing operations for the entire wellbore, regardless of the name at the time of operations.

Thistle Unit 127H - Well permitted and spud as Thistle Unit 116H, then requested APD cancellation. The Thistle Unit 127H was permitted in its place at the same location. The compliance filings filed under the name Thistle Unit 127H encompass the spud & drilling/casing operations for the entire wellbore, regardless of the name at the time of operations.

Thistle Unit 116H - Well permitted and spud as Thistle Unit 100H, then requested APD cancellation. The Thistle Unit 116H was permitted in its place at the same location. The compliance filings filed under the name Thistle Unit 116H encompass the spud & drilling/casing operations for the entire wellbore, regardless of the name at the time of operations.

**Rebecca Deal**

Regulatory Analyst

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