

State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised August 1, 2011

HOBBS OCD

OIL CONSERVATION DIVISION

JUN 10 2014

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-40583
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM129018
7. Lease Name or Unit Agreement Name Cotton Draw 32 State Federal Com
8. Well Number 1H
9. OGRID Number 6137
10. Pool name or Wildcat Paduca; Delaware, North

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

Devon Energy Production Company, L.P.

3. Address of Operator

333 W. Sheridan, Oklahoma City, OK 73102

(405) 552-7970

4. Well Location

Unit Letter: A: 2310 feet from the North line and 50 feet from the East line

Section: 2132 Township: 19S Range: 29E NMPM Lea County, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3337.5'

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 ☐DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: Flaring Extension ☒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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Company, LP respectfully requests to flare the Cotton Draw 32 State Federal Com 1H as per the attached C-129. Flaring is due to the CDU Boosters being down.

See Attachment:

C-129

Thank You!

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:

TITLE: Regulatory Compliance Professional

DATE: 06.06.14

Type or print name:

E-mail address: Erin.workman@dvn.com

PHONE: 405-552-7970

For State Use Only

APPROVED BY:

TITLE: Dist. Supervisor

DATE: 6/11/2014

Conditions of Approval (if any):

JUN 11 2014

* Gas-Oil ratio test may be required to verify estimated gas volume.