| Submit 1 Copy To Appropriate Di<br>Office   | strict                                     | State of New Mexico                    |             |                  |                              |   | Form C-103  |  |
|---|--|--|-------------|------------------|------------------------------|---|-------------|--|
| District 1 - (575) 393-6161   | _  | Energy, Minerals and Natural Resources |             |                  |                              | Revised August 1, 2011                    |             |  |
| 1625 N. French Dr., Hobbs, NM 8<br>District II – (575) 748-1283   |  |  |             |                  |                              | WELL API NO.                              |             |  |
| 811 S. First St., Artesia, NM 8821  | OIL  | OIL CONSERVATION DIVISION              |             |                  |                              | 30-025-41373<br>5. Indicate Type of Lease |             |  |
| District III - (505) 334-6178   | 27.110                                     | 1220 South St. Francis Dr.             |             |                  |                              | STATE FEE                                 |             |  |
| 1000 Rio Brazos Rd., Aztec, NM 8<br>District IV – (505) 476-3460  | 87410                                      | Santa Fe, NM 87505                     |             |                  | 6. State Oil & Gas Lease No. |   |             |  |
| 1220 S. St. Francis Dr., Santa Fe, 3  | NM   |  |             |                  |                              |   |             |  |
| 87505<br>SUNDRY   | Y NOTICES AND I                            | REPORTS ON W                           | ELLS        | aco              | 7 Lease N                    | Name or Unit Agre                         | ement Name  |  |
| SUNDRY<br>(DO NOT USE THIS FORM FOR<br>DIFFERENT RESERVOIR. USE   | PROPOSALS TO DRI                           | LL OR TO DEEPEN                        | OR PLUG     | BB\$OA           | 7. Belise i                  | tanie or orac rigio                       |             |  |
| DIFFERENT RESERVOIR. USE PROPOSALS.)  | "APPLICATION FOR                           | PERMIT" (FORM C-                       | 101) FOR 30 | CH 2018          |                              | Guadalcanal Stat                          | te Com      |  |
| 1. Type of Well: Oil Well   | ✓ Gas Well                                 | Gas Well Other SEP 2 4 2014            |             |                  | 8. Well Number 1H            |   |             |  |
| 2. Name of Operator   |  | on Francis Draduction Company   D      |             |                  | 9. OGRID Number              |   |             |  |
| •   | Devon Energy Pro                           | on Energy Production Company, L.P.     |             |                  |                              |   |             |  |
| 3. Address of Operator  | 333 West Sheridan, Oklahoma City, OK 73102 |  |             |                  | 10. Pool name or Wildcat     |   |             |  |
|   | 333 West Silerida                          | n, Okianoma City,                      | OK 73102    | v                |                              | Midway; Bone S                            | Spring      |  |
| Well Location   |  |  |             |                  |                              |   |             |  |
| Unit Letter   | : 200                                      | feet from the                          | South       | _ line and       | 360                          | feet from theW                            | est line    |  |
| Section   |  | Township 17S                           |             | 36E              | NMPM                         | County                                    | Lea         |  |
|   | 11. Elevai                                 | tion (Show whethe                      |             | 3, RT, GR, etc.) |                              |   | Alice Grant |  |
|   |  |  | GL: 3816    |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
| 12. C   | heck Appropriat                            | e Box to Indicate                      | ate Natur   | e of Notice, I   | Report or                    | Other Data                                |             |  |
| NOTICE  | OF INTENTIO                                | N TO:                                  | İ           | SLIBS            | SEQUEN                       | IT REPORT O                               | <b>1</b>    |  |
| PERFORM REMEDIAL WC   |  | D ABANDON                              | 1 RE        | MEDIAL WORK      |                              |   | GCASING ☐   |  |
| TEMPORARILY ABANDON   |  | _                                      | <b>-</b>    | MMENCE DRIL      |                              | _   |             |  |
| PULL OR ALTER CASING  | MULTIPL                                    |  | _ [         | SING/CEMENT      |                              |   |             |  |
| DOWNHOLE COMMINGLE  |  | _                                      |             |                  |                              | _   |             |  |
|   |  | _                                      | _           |                  |                              |   | _           |  |
| OTHER:  |  |  |             | HER:             |                              | Completion                                | <u> </u>    |  |
| 13. Describe proposed of  |  |  |             |                  |                              |   |             |  |
| of starting any proposed completio  |  | ULE 19.15./.14 (                       | NIVIAC. FO  | or Multiple Con  | ipietions. <i>F</i>          | Anach wendore dia                         | igiain oi   |  |
| proposed completio  | if of recompletion.                        |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
| 6/16/14 - 6/20/14: RU frac equi   | ip. 12 stages, 8846' -                     | 131.167'. 448 hol                      | es. 51559 g | gal 15% HCL acid | d: 765231# 1                 | 100 mesh; 2018220                         | # 30/50;    |  |
| 6/16/14 - 6/20/14: RU frac equip. 12 stages, 8846' - 131,167'. 448 holes. 51559 gal 15% HCL acid; 765231# 100 mesh; 2018220# 30/50; 1216920# 20/40. 6/22/14: Drill out plugs. PBTD @ 13191' TOP on 7/30/14. |  |  |             |                  |                              |   |             |  |
| , , , ,   | 1 0  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
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|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   |             |  |
|   |  |  |             |                  |                              |   | e*          |  |
| I hereby certify that the infor   | motion above is tru                        | and complete to                        | the best of | my knowledge     | and belief                   |   |             |  |
| Thereby certify that the finor  | mation above is tru                        |  | the best of | my knowledge     | and belief.                  | •   | 1 n - 1     |  |
| ///   | 1 Pin                                      | $\sim$                                 |             |                  |                              |   |             |  |
| SIGNATURE ( ) (U/L  | NAMM                                       | TITLE                                  | Regulator   | y Compliance Ar  | nalyst                       | DATE9/23                                  | /2014       |  |
|   | •••  |  | _           |                  |                              |   |             |  |
| Type or print name Tami Sh  | nipley                                     | E-mail a                               | iddress:    | tami.shipley@d   | vn.com                       | PHONE:                                    |             |  |
| For State Use Only  |  | •                                      |             |                  |                              |   | , ,         |  |
| ADDDOVED DV:  | 13/  | TITLE                                  | Petro       | oleum Engin      | eer                          | DATE $\mathscr{D}$                        | 9/09/11     |  |
| APPROVED BY:Conditions of Approval (if a  | nv):                                       | IIILE_                                 | 1 686       | neum engm        | 001                          | DATE_O                                    | 10/11       |  |
| Conditions of Whitekar (ii a)   | ц <i>).</i>                                |  |             |                  |                              |   |             |  |