

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-015-29475
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM99147
7. Lease Name or Unit Agreement Name Chimayo
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Corral Draw; Wolfcamp, North (G)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2974'

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, LP.

3. Address of Operator
333 WEST SHERIDAN AVENUE, OKC, OK 73102

4. Well Location
 Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line
 Section 8 Township 25S Range 29E NMPM Eddy County, NM

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Pool Commingle <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy respectfully requests to Pool Commingle the Chimayo #001 with the Slider wells listed below. This is an amendment to the previously approved Off-Lease Measurement (OLM-68) for the Slider wells.

Well Name	S-T-R	API #	Pool	Lease Number
Slider 8 Federal 1H	8-T25S-R29E	30-015-38242	96217 Bone Spring	NMNM99147
Slider 8 Federal 2H	8-T25S-R29E	30-015-38281	96217 Bone Spring	NMNM99147
Slider 8 Federal 3H	8-T25S-R29E	30-015-38272	96217 Bone Spring	NMNM99147
Slider 8 Federal 4H	8-T25S-R29E	30-015-38243	96217 Bone Spring	NMNM99147

PC-1266
Subject to like approval by US BLM
approval recommended 11-14-13
David K. Butts
Ephraim

There is a central tank battery located on the Slider 8 Federal 4H location for the 5 wells to utilize. At this time they are the only wells utilizing this battery. The Slider 8 Federal 1H, 2H, 3H, 4H and the Chimayo #1 will come into the flow line header at the Slide 8 Federal 4 location. Production will flow first through a separator, then to a heater/treater, and then to check meter #88512137 on location before flowing to the DCP CDP Gas Sales Meter #727870-00 located in the SW corner of Section 16-T25S-R29E in Eddy County, NM. No other wells are connected to this gas line and reported gas volumes are the DCP CDP #727874-00 volumes. The Well Test Method will be used for allocation and each well will be tested at least once a month, for a minimum of 24 hours. ROW has been obtained; RW-32177, NM-126202, and ROW NM-125877.

The working interest, royalty interest, and overriding royalty interest owners are identical; no additional notification is required.

Spud Date: Rig Release Date:

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

SIGNATURE Erin Workman TITLE: Regulatory Compliance Assoc. DATE 10.11.13

Type or print name Erin Workman E-mail address: Erin.workman@dvn.com PHONE: (405) 552-7970

For State Use Only

APPROVED BY: [Signature] TITLE Director DATE 11/15/13