

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

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.)		WELL API NO. 30-025-41433
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP.		6. State Oil & Gas Lease No.
3. Address of Operator 333 WEST SHERIDAN AVENUE, OKC, OK 73102		7. Lease Name or Unit Agreement Name Mean Green 27 Fed
4. Well Location Unit Letter <u>P</u> : <u>100</u> feet from the <u>South</u> line and <u>480</u> feet from the <u>East</u> line Section <u>22</u> Township <u>26S</u> Range <u>34E</u> NMPM Lea, County New Mexico		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3215.5'		9. OGRID Number 6137
		10. Pool name or Wildcat 98049 WC 025 G-06 S263422P; Delaware

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: Central Tank Battery, Pool Commingle <input checked="" type="checkbox"/>		OTHER: <u>PLC - 402</u> <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 Production Company, LP respectfully requests approval for a Central Tank Battery, Pool Commingle for the following wells.

S,T,R	API	Pool	Lease
Mean Green 22 Fed 1H Sec. 22, T26S, R34E	30-025-41434	(98049) WC 025 G-06 S263422P: Delaware	NMNM112941
Mean Green 26 Fed 1H Sec. 26, T26S, R34E	30-025-41246	(97597) Jabaline; Delaware	NMNM100568
Mean Green 27 Fed 1H Sec. 22, T26S, R34E	30-025-41433	(98049) WC 025 G-06 S263422P: Delaware	NMNM100569

The central tank battery is located on the Mean Green 27 Fed 1H location in Sec 22, T26S, R34E. The production from each well will flow through it's own three phase separator with a Micro Motion Coriolis Meter to meter the oil, flow meter to meter the water, and gas allocation meter to meter the gas. VRU will be allocated back to each well utilizing a percentage of each wells monthly oil production. The Mean Green 27 Fed 1 Battery will have six oil tanks that these three wells will utilize and they have a common SUG Central Delivery Point (Number provided upon receipt) which is on location in Sec. 14, T26S, R34E in Lea County, NM. Oil, gas, and water volumes from each well producing to this battery will be determined by using individual test separator/heater treaters for each well at the proposed facility.

ROW has or will be obtained.

Working, royalty, and overriding interest owners are identical so no further notification is necessary.

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 Professional DATE 07.23.14

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

For State Use Only

APPROVED BY Erin Bailey TITLE Director DATE 8/1/14

Conditions of Approval (if any):