

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

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

WELL API NO. See Below
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC-061863-A
7. Lease Name or Unit Agreement Name See Below
8. Well Number See Below
9. OGRID Number 6137
10. Pool name or Wildcat 96403 - Wildcat; Bone Spring

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  
 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-4524

4. Well Location  
 Unit Letter \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
 Section 6 Township 25S Range 32E NMPM Lea County New Mexico

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

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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
- OTHER: Off Lease Gas Measurement, Sales & Storage

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- ALTERING CASING
- COMMENCE DRILLING OPNS.
- P AND A
- CASING/CEMENT JOB
- 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co., LLP respectfully requests for the Off Lease Gas Measurement, Sales, & Storage for the following wells:

Trionyx 6 Federal 1H, API: 30-025-39948  
 Trionyx 6 Federal 2H, API: 30-025-39949  
 Trionyx 6 Federal 3H, API: 30-025-~~39984~~ 40105

Order Nos. OLS-199  
 OLM-54

This is a three well pad and the tank battery is located on the well pad location. All three wells will utilize this tank battery and will be the only wells at this time. The DCP CDP Gas Sales Meter 727856-00 is located in Sec 11, T25S, R31E, in Lea County, NM. All three wells will flow to the CDP and will be the only wells at this time utilizing the DCP CDP Gas Sales Meter 727856-00. There will be allocation gas, oil, and p/w meter for every well at the well and there will also be a gas check meter to check against the DCP CDP 727856-00 and it will be located at the Trionyx tank battery. \*Will submit production and meter numbers once available

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

ROW will or has already been obtained

Reviewed by: RC  
 Recommend Approval 11/22/11

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 , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE: Melanie Crawford TITLE: Regulatory Analyst DATE: 9/20/11

Type or print name Melanie Crawford E-mail address: Melanie.Crawford@dvn.com Telephone No. (405) 552-4524  
 For State Use Only

\* APPROVED BY: [Signature] TITLE Director DATE 11/22/11  
 Conditions of Approval (if any):