

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. 30-015-31413 & 30-015-31921
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-54856, NM-103872 & CANM-106845
7. Lease Name or Unit Agreement Name Crow Flat 20 Fed Com
8. Well Number 1 & 2
9. OGRID Number 6137
10. Pool name or Wildcat 75720 Crow Flats; Morrow (gas)

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 W Sheridan Avenue Oklahoma City, Oklahoma 73102 (405) 552-4524

4. Well Location
 Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line
 Section 20 Township 16S Range 28E NMPM Eddy 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:		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"/>	
OTHER: Off Lease Gas Measurement, Sales & Storage <input checked="" type="checkbox"/>		OTHER: <u>OLM-67</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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co., LP respectfully requests to Off Lease Gas Measurement, Sales & Storage for the Crow Flat 20 Fed Com 1 & 2 wells. Each well has its own tank battery on location and is the only well utilizing the tank battery at this time. The Crow Flat 20 Federal Com 2 will flow 1st to a 3 Phase before flowing to an Allocation Meter 885-33-014 before flowing to the same DCP, CDP Gas Sales Meter 711543-00 as the other Crow Flat well. The Crow Flat 20 Federal Com 1 will flow through a Separator before flowing to the DCP CDP Gas Sales Meter 711543-00 which is located in Section 30, T16S, R28E of Eddy County, NM. There are no other wells flowing to the DCP CDP Gas Sales Meter 711543-00. The volumes reported off the DCP CDP Sales Meter 711543-00 are combined from both wells. The sales volumes are reported on the Crow Flats 20 Federal Com 1 stop. The subtraction method is used to allocate gas back to the Crow Flat 1 well

Reviewed by [Signature] 8/20/12

Recommend Approval

ROW will or has already been obtained.

The working interest, royalty interest and overriding royalty interest owners in the lease is uniformed; no additional notification is required

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: 6/7/12
 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: 8/20/12
 Conditions of Approval (if any):