

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

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.	NM-66425
7. Lease Name or Unit Agreement Name	See Below
8. Well Number	See Below
9. OGRID Number	6137
10. Pool name or Wildcat	96878 - Harroun Ranch; Delaware NE

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 22 Township 23S Range 29E 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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: Central Tank Battery, Off-Lease Gas Measurement & Sales <input checked="" 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., LLP respectfully requests permission for the CTB, Off Lease Gas Measurement & Sales for the following wells:

Laguna Salado 22 Federal 2H (API: 30-015-34677), Laguna Salado 22 Federal 3H (API: 30-015-35073), Laguna Salado 22 Federal 4H (API: 30-015-36461), Laguna Salado 22 Federal 5H (API: 30-015-36738), Laguna Salado 22 Federal 6H (API: 30-015-37371), Laguna Salado South Unit 1 (API: 30-015-26407)

The CTB and header are located at the Laguna Salado South Unit 1 site. Production from all the wells will flow to the header, then the P/W Separator. The gas will then flow to DCP CDP Sales Meter 718711-000 located approximately 1/2 a mile north in Sec 15, T23S, R29E, Eddy County, New Mexico. No other wells are connected to the gas line and reported gas volumes are the CDP sales meter volumes.

ROW will or has already been obtained.

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

OLM-50
Reviewed by [Signature] 6/9/11
Recommend Approval.

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 3-15-11
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 DCS Director DATE 6/10/11
Conditions of Approval (if any):