

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

RECEIVED

JAN 18 2005

Well API NO.	30-015-33218
5. Indicate Type of Lease	<input checked="" type="checkbox"/> State <input type="checkbox"/> Fee
6. State Oil & gas Lease No.	
7. Lease Name or Unit Agreement Name	HB 2 State
8. Well Number	8
9. Ogrid Number	6137
10. Pool Name or Wildcat	Cedar Canyon; Bone Spring

SUNDRY NOTICES AND REPORTS ON WELLS **OCD-ARTESIA**

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 and Telephone No.

20 North Broadway, Ste 1500, Oklahoma City, OK 73102

405-228-8209

4. Well Location

Unit Letter L 1830 feet from the South line and 710 feet from the West line
Section 2 Township 24S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3057

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 COMPLETION
☒ Other APD extension

SUBSEQUENT REPORT OF:

- ☐ REMEDIAL WORK ☐ ALTERING CASING
☐ COMMENCE DRILLING OPN ☐ PLUG AND ABANDONMENT
☐ CASING TEST AND CEMENT JOB
☐ OTHER _____

3. 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.
or Multiple Completions: Attach wellbore diagram or proposed completion or recompletion. If a pit or below-grade tank is involved in the operation, complete the reverse side of this form.

Devon Energy Production Co., LP respectfully requests a one year extension to our currently approved APD which is scheduled to expire on 02/02/05. We plan to drill this well within the next 12 months.

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

SIGNATURE Linda Guthrie TITLE Sr. Regulatory Specialist DATE 1/14/2005

Type or Print name Linda Guthrie E-mail Address: linda.guthrie@dvn.com Telephone No. 405-228-8209
This space for State use

APPROVED BY TIM W. GUM DISTRICT II SUPERVISOR DATE JAN 20 2005

Conditions of approval, if any: