

State of New Mexico
Energy, Minerals and Natural ResourcesOIL 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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-39162 ✓
2. Name of Operator: Devon Energy Production Company L. P.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator: 20 N. Broadway, Oklahoma City, OK 73102-8260		6. State Oil & Gas Lease No. 96408
4. Well Location <u>SHL</u> Unit Letter <u>B O</u> : 330 feet from the <u>South</u> line and <u>2260</u> feet from the <u>East</u> line Section <u>2</u> Township <u>26S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name Snapping 2 State ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR		8. Well Number 6H ✓
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 6137 ✓
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.		10. Pool name or Wildcat Wildcat; Bone Spring

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 OTHER: ☒

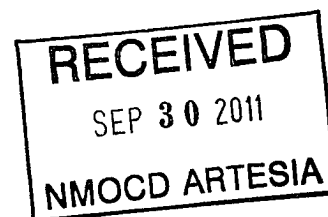
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: ☐

Devon Energy Production Company, LP respectfully requests to the following:

Proposed TD for the subject well is 13,582 ft MD.

Revised directional plan is attached.



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

SIGNATURE Melanie Crawford TITLE Regulatory Analyst DATE 9/28/11

Type or print name: Melanie Crawford E-mail address: melanie.crawford@dv.com PHONE: 405-552-4524

For State Use Only

APPROVED BY: T. L. Shepard TITLE Geologist DATE 10/31/2011
 Conditions of Approval (if any):