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 Phone: (575) 393-6161 Fax: (575) 393-0720
District II
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 Phone: (575) 748-1283 Fax: (575) 748-9720
District III
 1000 Rio Brazos Road, Aztec, NM 87410
 Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone: (505) 476-3460 Fax: (505) 476-3462

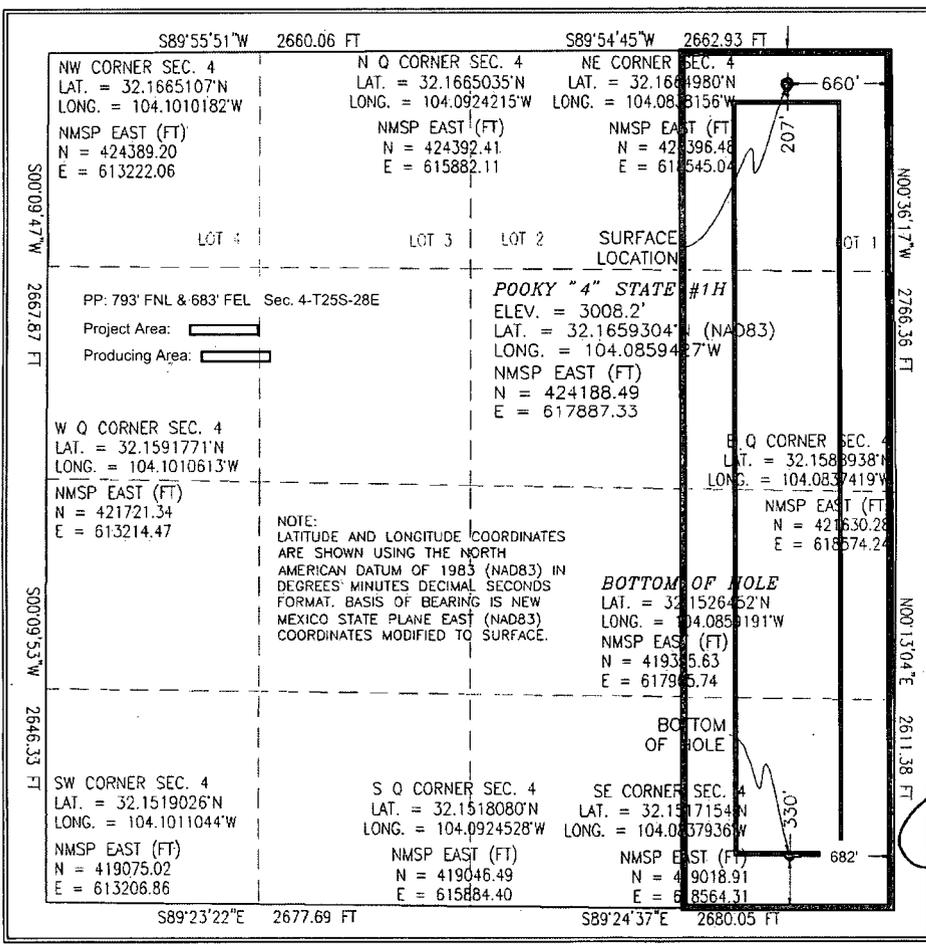
State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-102
 Revised August 1, 2011
 Submit one copy to appropriate
 District Office
 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-41241		² Pool Code 64450		³ Pool Name Willow Lake; Bone Spring					
⁴ Property Code 39792		⁵ Property Name POOKY 4 STATE						⁶ Well Number 1H	
⁷ OGRID No. 6137		⁸ Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.						⁹ Elevation 3008.2	
¹⁰ Surface Location									
UL or lot no. 1	Section 4	Township 25 S	Range 28 E	Lot Idn	Feet from the 207	North/South line NORTH	Feet from the 660	East/West line EAST	County EDDY
¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. P	Section 4	Township 25 S	Range 28 E	Lot Idn	Feet from the 330	North/South line SOUTH	Feet from the 682	East/West line EAST	County EDDY
¹² Dedicated Acres 160.26	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Trina C. Couch 11/6/13
 Signature Date

Trina C. Couch, Regulatory Associate
 Printed Name

trina.couch@dvn.com
 E-mail Address

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

MARCH 13, 2013
 Date of Survey

Felimon F. Jaramillo
 Signature and Seal of Professional Surveyor

Certificate Number: FELIMON F. JARAMILLO PLS 12797
 SURVEY NO. 1615