

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-40987
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Burton Flat SWD
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat SWD; Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3230.2 GR

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 SWD

2. Name of Operator
DEVON ENERGY PRODUCTION CO., L.P.

3. Address of Operator
333 W. SHERIDAN AVE., OKLAHOMA CITY, OKLAHOMA 73102-5010

4. Well Location
Unit Letter N : 330 feet from the South line and 1550 feet from the West line
Section 2 Township 21S Range 27E NMPM Eddy County

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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: Completion Report ☒

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.

7/29/13: Tested casing and had a leak. TIH with packer to test casing
8/5/13: Drilled 193' new formation
8/7/13: Drilled 156' of new formation
8/8/13: Drilled 179' of new formation
8/9/13: Drilled 74' of new formation
8/10/13: Drilled 116' of new formation
8/13/13: Drilled 105' of new formation
8/16/13: Drilled 20' of new formation
8/17/13: Drilled 26' of new formation
8/18/13: Drilled 42' of new formation
8/19/13: Drilled 20' of new formation
8/20/13: Drilled 12' of new formation
8/28/2013: Acidized well
10/01/2013: Turned over to production

RECEIVED

NOV 21 2013

WMOCD

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

SIGNATURE Tami Shipley TITLE Regulatory Analyst DATE 11/20/13

Type or print name Tami Shipley E-mail address: tami.shipley@dmn.com PHONE: (405) 228-2816

For State Use Only

APPROVED BY: Dr. Dade TITLE Dr. H. Spewer DATE 11/22/2013

Conditions of Approval (if any):

4