Submit, 1 Copy To Appropriate District	State of New Me	exico		Form C-103
Office' District I – (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> - (575) 748-1283	OIL CONSERVATION DIVISION		30-015-29728	· · · · · · · · · · · · · · · · · · ·
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM,87410	Santa Fe, NM 87505		STATE 6. State Oil & Gas Leas	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	5.00		891005247E	Se,INO.
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			7. Lease Name or Unit Agreement Name Cotton Draw Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 84	
2. Name of Operator			9. OGRID Number	*
Devon Energy Production Cor	npany, LP 405-228-	7203	6137	
3. Address of Operator 333 West. Sheridan Avenue			10. Pool name or Wildcat	
Oklahoma City, OK 73102-5015 405-228-7203			Paduca; Devonian, NW	
4. Well Location	acte e ce al 'content' l	turisă nizo	Constitution to A CIT 41	
1	2615 feet from the SOUTH 1		the state of the s	TIE.
Section 2	Township 25S Range 3 11. Elevation (Show whether DR			
	3455' GL	, KĶB, KI, GK, eic	<i>i.)</i>	A Company of the Company
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: Convert to SWD	CHANGE PLANS	REMEDIAL WOLCOMMENCE DE CASING/CEMEN OTHER:	RILLING OPNS. PAN	ERING CASING ☐
proposed completion or re Devon Energy Production Co. L.P.	respectfully requests to convert the ker and run out of the hole with the	active gas well Co	tton Draw Unit 84 to a SW	D injection well. The
	A witness for the MIT chart will the		integrity of the wellbore.	
Thank you			NM O	IL CONSERVATI ARTESIA DISTRICT
•				JUN 9 2015
I hereby certify that the information	above is true and complete to the b	est of my knowled	Ige and belief.	RECEIVED
SIGNATURE (3. Coll TITI	LE: <u>Regulatory</u>	Analyst DATE 6/	/9/2015
Type or print name: Trina C.C.	Couch E-mail address: trina	couch@dvn.com	PHONE: 405-22	8-7203
For State Use Only APPROVED BY	THE 257	Deple	WISA DATE	6/9/15
Conditions of Approval (if any):			. D/ML_	