

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. 30-015-38432
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.
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 2 Township 25S Range 31E NMPM Eddy County		7. Lease Name or Unit Agreement Name Cotton Draw Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR		8. Well Number 160H
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 Cotton Draw; Delaware, South (O)

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 ☐

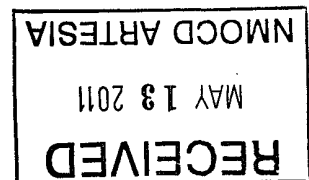
OTHER: ☒

SUBSEQUENT REPORT OF:

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

OTHER: ☐

Devon Energy Production Company, LP respectfully requests to change from the originally permitted rig and location layout to the McVay 6 (please see attached rig/location layout).



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 5/12/11

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

For State Use Only

APPROVED BY: David Gray TITLE Field Supervisor DATE MAY 26 2011
 Conditions of Approval (if any):

Conventional Rig Layout

