<ul> <li>Submit 1 Copy To Appropriate District</li> </ul>	State of New M		Form C-103 October 13, 2009	
Office District I	Energy, Minerals and Nat	ural Resources	WELL API NO.	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-025-39808	
1301 W. Grand Ave., Artesia, NM 88210	RECEIVE 20 South St. Francis Dr.		5. Indicate Type of Lea STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		6. State Oil & Gas Leas	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	JAN 26 2011			
87505				
SUNDRY NOTHER 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 Black Mamba 15 State	Agreement Name
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 1	/	
2. Name of Operator Devon Energy Production Company L. P.			9. OGRID Number 6137	/
<ol> <li>Address of Operator</li> <li>N. Broadway, Oklahoma City, OK 73102-8260</li> </ol>			10. Pool name or Wildcat Wildcat; Wolfcamp Gas	
4. Well Location J 1700 :	feet from the South	line and 1840	feet from the	East line
Section 15	Township 238	Range $33E$	NMPM Lea	County
	11. Elevation (Show whether Di	R, RKB, RT, GR, etc.)		
	3716' GL	,		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   P AND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: Drilling Operations   OTHER:  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.  Devon Energy Production Company L. P., on January 19, 2011, drilled an additional 2' on said property making a total depth of 22'.  Accepted for Record Only  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.				
Type or print name Stence Laird For State Use Only  Accepted for Record Only	TITLE Regulatory  E-mail address: Spencel Laird@	Analyst DATE	1/24/11 405.228.8973	 2 7 2011
Conditions of Approval (if any):				