

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 241408<br>WELL API NUMBER<br>30-015-44097<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>EMERALD PWU 20 22 |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               | 8. Well Number<br>012H                                                                                                                                                                                              |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 2. Name of Operator<br>DEVON ENERGY PRODUCTION COMPANY, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 9. OGRID Number<br>6137                                                                                                                                                                                             |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 3. Address of Operator<br>333 W. Sheridan Avenue, Oklahoma City, OK 73102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                            |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>15</u> feet from the <u>S</u> line and feet <u>265</u> from the <u>W</u> line<br>Section <u>20</u> Township <u>19S</u> Range <u>29E</u> NMPM _____ County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                     |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3314 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                     |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                     |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                                                                     | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF:       |                                    | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                               |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                              | ALTER CASING <input type="checkbox"/>     |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                    | PLUG AND ABANDON <input type="checkbox"/> |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                          |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>                                                                                                                                                   |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>08/09/2017 Surf PT csg to 1500 PSI for 30 min., Good 08/12/2017 Int. PT csg. to 1500 PSI for 30 min., Good Prod csg. TD 8 3/4" hole @ 9,443 & 8 1/2" hole @21,664 Surf, Inter., Prod., cmt ret. to surf meas. in bbls. <b>7/6/2017</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                     |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>07/06/17</td> <td>Surf</td> <td></td> <td>24</td> <td>13.375</td> <td>54.5</td> <td>J-55</td> <td>0</td> <td>190</td> <td>890</td> <td>1.34</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>08/09/17</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>36</td> <td>J-55</td> <td>0</td> <td>3409</td> <td>1005</td> <td>1.94</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>08/09/17</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>36</td> <td>J-55</td> <td>0</td> <td>3409</td> <td>485</td> <td>1.33</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>08/18/17</td> <td>Prod</td> <td></td> <td>8.5</td> <td>5.5</td> <td>17</td> <td>P110RY</td> <td>0</td> <td>21654</td> <td>625</td> <td>3.56</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>08/18/17</td> <td>Prod</td> <td></td> <td>8.5</td> <td>5.5</td> <td>17</td> <td>P110RY</td> <td>0</td> <td>21654</td> <td>2930</td> <td>1.2</td> <td>H</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                     | Date                                      | String                       | Fluid Type                  | Hole Size                          | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 07/06/17     | Surf |                                                                   | 24 | 13.375 | 54.5 | J-55 | 0 | 190 | 890 | 1.34 | C |  |  |  | Y | 08/09/17 | Int1 |  | 12.25 | 9.625 | 36 | J-55 | 0 | 3409 | 1005 | 1.94 | C |  |  |  | Y | 08/09/17 | Int1 |  | 12.25 | 9.625 | 36 | J-55 | 0 | 3409 | 485 | 1.33 | C |  |  |  | Y | 08/18/17 | Prod |  | 8.5 | 5.5 | 17 | P110RY | 0 | 21654 | 625 | 3.56 | C |  |  |  | Y | 08/18/17 | Prod |  | 8.5 | 5.5 | 17 | P110RY | 0 | 21654 | 2930 | 1.2 | H |  |  |  | Y |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                          | Hole Size                                 | Csg Size                     | Weight lb/ft                | Grade                              | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 07/06/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Surf                                                                                                                                                                          |                                                                                                                                                                                                                     | 24                                        | 13.375                       | 54.5                        | J-55                               | 0                                              | 190                                       | 890                                    | 1.34                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 08/09/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Int1                                                                                                                                                                          |                                                                                                                                                                                                                     | 12.25                                     | 9.625                        | 36                          | J-55                               | 0                                              | 3409                                      | 1005                                   | 1.94                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 08/09/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Int1                                                                                                                                                                          |                                                                                                                                                                                                                     | 12.25                                     | 9.625                        | 36                          | J-55                               | 0                                              | 3409                                      | 485                                    | 1.33                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 08/18/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Prod                                                                                                                                                                          |                                                                                                                                                                                                                     | 8.5                                       | 5.5                          | 17                          | P110RY                             | 0                                              | 21654                                     | 625                                    | 3.56                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| 08/18/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Prod                                                                                                                                                                          |                                                                                                                                                                                                                     | 8.5                                       | 5.5                          | 17                          | P110RY                             | 0                                              | 21654                                     | 2930                                   | 1.2                                   | H                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                     |                                           |                              |                             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Manager, Regulatory Affairs</u></td> <td>DATE</td> <td><u>9/7/2017</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Randy Bolles</u></td> <td>E-mail address</td> <td><u>randy.bolles@dvn.com</u></td> <td>Telephone No.</td> <td><u>405-228-8588</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                     | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                       | <u>Manager, Regulatory Affairs</u> | DATE                                           | <u>9/7/2017</u>                           | Type or print name                     | <u>Randy Bolles</u>                   | E-mail address                               | <u>randy.bolles@dvn.com</u>              | Telephone No.                                    | <u>405-228-8588</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                               | <u>Manager, Regulatory Affairs</u>        | DATE                         | <u>9/7/2017</u>             |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Randy Bolles</u>                                                                                                                                                           | E-mail address                                                                                                                                                                                                      | <u>randy.bolles@dvn.com</u>               | Telephone No.                | <u>405-228-8588</u>         |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Raymond Podany</u></td> <td>TITLE</td> <td><u>Geologist</u></td> <td>DATE</td> <td><u>9/12/2017 1:04:02 PM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                     | APPROVED BY:                              | <u>Raymond Podany</u>        | TITLE                       | <u>Geologist</u>                   | DATE                                           | <u>9/12/2017 1:04:02 PM</u>               |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Raymond Podany</u>                                                                                                                                                         | TITLE                                                                                                                                                                                                               | <u>Geologist</u>                          | DATE                         | <u>9/12/2017 1:04:02 PM</u> |                                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |     |      |   |  |  |  |   |          |      |  |     |     |    |        |   |       |      |     |   |  |  |  |   |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
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**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments

Permit 241408

**DRILLING COMMENTS**

|                                                                                                       |                          |
|-------------------------------------------------------------------------------------------------------|--------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 W. Sheridan Avenue<br>Oklahoma City, OK 73102 | OGRID:<br>6137           |
|                                                                                                       | Permit Number:<br>241408 |
|                                                                                                       | Permit Type:<br>Drilling |

**Comments**

|            |         |              |
|------------|---------|--------------|
| Created By | Comment | Comment Date |
|------------|---------|--------------|

There are no Comments for this Permit