Submit 3 Copies To Appropriate District	State of New	Mexico		Form (C-103)
Office .	Energy, Minerals and I			May 27, 2004
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, winterars and I	Natural Resources	WELL API NO.	
District II	OU CONGEDUAT		See Below	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		FED 🖾 STATE 🗌	) FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease N	No.
1220 S. St. Francis Dr., Santa Fe, NM				
87505	OFG AND DEPODED ON WE			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Ag	reement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				
PROPOSALS.)		,	NMNM7092	80
1. Type of Well: Oil Well Gas Well Other			8. Well Number See Below	
2. Name of Operator			9 OGPID Number	
Devon Energy Production Company, LP			9. OOKID Wullder	,
3. Address of Operator.			10. Pool name-or Wildcat	
20 North Broadway Oklåhoma City, Oklahoma 73102-8260 (405) 552-4524			50386 Poker Lake; Delaware South	
4. Well Location (See Below)		(,		
	for all for any effort	· · · · · · · · · · · · · · · · · · ·		
	_feet from the li			
	nship Range		ly County New Mexi	co
	11. Elevation (Show whether	r DR, RKB, RT, GR, etc.		
	n/a	·····		
Pit or Below-grade Tank Application 🗌 o				
Pit typeDepth to Groundwa	aterDistance from nearest fi	resh water well Dis	tance from nearest surface water_	
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Co	onstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data				
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		NG CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. 🔲 🛛 P AND A	▲ □
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т јов 🗌	
OTHER: Off Lease Gas Measuren	nent, Sales & Storage 🛛			
· · · · · · · · · · · · · · · · · · ·		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Devon Energy Production Co., LP respectfully requests for Off Lease Gas Measurement, Sales, & Storage for the following wells:				
bevon Energy rioduction co., Er respe	strang requests for one bease ous	Mousurement, Sales, & St	orage for the following wens.	
Cotton Draw Unit 114H 30-015-37410	Sec 34, T24S, R31E	Cotton Draw Unit 118H	30-015-37362 Sec 26, T24	S, R31E
Cotton Draw Unit 156H 30-015-38557	, ,	Cotton Draw Unit 119H		
Cotton Draw Unit 151H 30-015-38610		Cotton Draw Unit 120H		
Cotton Draw Unit 152H 30-015-38609	, , ,	Cotton Draw Unit 121H		
Cotton Draw Unit 155H 30-015-38607 Cotton Draw Unit 150H 30-015-38536	<i>, ,</i>	~	DLM-60	0
	500 JF, 12+5, 101L	L		
Cotton Draw Unit 114H, 150H, 151H, 1	52H, 55H,& 156H will have a cer	tral tank battery located or	the 114H location. The Cotton	Draw Unit 118H,
119H,120H, &121H will have a central	ank battery located on the 118H l	ocation. The gas production	on from all well will flow to DC	P CDP Gas Sales
Meter 725072 located outside of Unit NI				
battery will be determined by using a tes				
equipment. Production will be allocated be conducted at least once per month for		~ ~ ~		sis for each wen will
	×.	EVIENE	d by R	
The working interest, royalty interest and	d overriding royalty interest owne	rs in the lease are uniforme	ed; no additional notification is r	equired
RACON	nmend A		1-1-1	1
1000	minterior p	tora,	VILI, 031	2010
		• • )		
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 c	losed according to NMOCD gui	delines 📙, a general peri	nit 🔲 or an (attached) alterna	tive OCD-
approved plan [].				
SIGNATURE: Melane	Jawled TITLE: RO	egulatory Analyst DA	TE: 10-26-11	
	Manger		• • • ·	
Type or print name Melanie Crawford	E-mail address: Melanie	.Crawford@dvn.com	Telephone No. (405) 552-4524	4
For State Use Only	·	^	- 1	
APPROVED BY: Am	TITLE &	Orector,	DATE 3/20/1	と
Conditions of Approval (if any):		<u> </u>		<u> </u>
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