

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
See Below
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-97133
7. Lease Name or Unit Agreement Name See Below
8. Well Number See Below
9. OGRID Number 6137
10. Pool name or Wildcat 53818 - Sand Dunes; Delaware, South

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Devon Energy Production Company, LP	
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102 (405) 552-4524	
4. Well Location Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line Section 1 Township 24S Range 30E NMPM Eddy County New Mexico	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: Central Tank Battery, Off Lease Gas Measurement, Sales & Storage <input checked="" type="checkbox"/>	OTHER: OLM-66 <input 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.

Devon Energy Production Co., LP respectfully requests permission for the Central Tank Battery, Off-Lease Gas Measurement, Sales, & Storage for the following wells:
Blackjack 1 Federal 2 (API: 30-015-33383), Black Jack 1 Federal 3 (API: 30-015-35797) - Previously approved OLM-44-0
Black Jack 1 Federal 4H (API: 30-015-37065)

A central tank battery is located at the #2 location. The production will come to a common/test production header with isolation lines to route each wells production. The common/test header is located on the SE side of the #2 wellsite. The gas production from the three wells will flow to a DCP CDP Gas Sales #13135309, located approximately 1.5 miles SE of the #2 location and approximately 1 mile SE of the #3 location in Sec. 7-T24S-31E, Eddy County, NM. The well production allocation method is that every well will be tested through test equipment and production will be metered. The well test will be done monthly for 24 hours.

The working interest, royalty interest and overriding royalty interest owners in the lease is unformed; no additional notification is required

ROW will or has already been obtained.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Melanie Crawford TITLE Regulatory Analyst DATE 6-20-12

Type or print name Melanie Crawford E-mail address: Melanie.Crawford@dmn.com Telephone No. (405) 552-4524

For State Use Only

* APPROVED BY: [Signature] TITLE Director DATE 8/20/12
Conditions of Approval (if any):