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Form C-103

FEB 0 1 2005 State of New Mexico March 4, 2004 Energy, Minerals and Natural Resources Well API NO. OCUEANN I FRIE 30-015-33851 OIL CONSERVATION DIVISION Indicate Type of Leas
State Fee 1220 South St. Francis Dr. Santa Fe, NM 87505 6. State Oil & gas Lease No 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. 7. Lease Name or Unit Agreement Name USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) State CW 1. Type of Well 8. Well Number ☐ Oil Well ☑ Gas Well ☐ Other 2. Name of Operator 9. Ogrid Number DEVON ENERGY PRODUCTION COMPANY, LP 6137 3. Address and Telephone No. 10. Pool Name or Wildcat 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-228-8209 Avalon; Morrow 4. Well Location **Unit Letter** 1500 feet from the H North tine and 1310 feet from the East line Section 208 Range **NMPM** County Eddy Elevation (Show whether DR, RKB, RT, GR, etc.) 3310' GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPN PLUG AND ABANDONMENT TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OR ALTER CASING ■ MULTIPLE COMPLETION OTHER Other. . Describe Proposed or Completed Operations (Cleany state all pertinent de is, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram or proposed completion or recompletion. If a pit or below-grade tank is involved in the operation, complete the reverse side of this Devon Energy Production Co., LP respectfully requests approval to drill amend the setting depth of the intermediate casing from 2200' to approximately 2800' to reach into the top of the Delaware so that we have the entire Capitan Reef behind pipe. s true and complete to the best of my knowledge and belief. Thereby certify that the information above SIGNATURE TITLE Sr. Regulatory Specialist DATE 2/1/2005 Lipda/Guthrie Type or Print name E-mail Address: linda.guthrie@dvn.com 405-228-8209 Telephone No. (This space for St tim w. gum FEB 0 2 2005 DISTRICT IT SUPERVISOR APPROVED BY Conditions of approval, if any: