| *** September 19 S |                                      |
|--|--------------------------------------|
|  | MELE APRIO.                          |
| Distriction OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION  | 30-015-40038                         |
| District III 1220 South St. Francis Dr.  | 5. Indicate Type of Lease            |
| 1000 Pio Provos Pd. Aztec, NM 87410  | FED STATE FEE                        |
| District IV Santa Fe, NIVI 8/303   | 6. State Oil & Gas Lease No.         |
| 1220 S St. Francis Dr., Santa Fe, NM   |                                      |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  | Spud 16 State                        |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  | 8. Well Number                       |
| PROPOSALS)   | 8. Well Number                       |
| 1. Type of Well: Oil Well Gas Well Other   |                                      |
| 2. Name of Operator  | 9. OGRID Number                      |
| Devon Energy Production Company, LP  | 6137<br>10. Pool name or Wildcat     |
| 3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-4524   | LAGUNA SALADO; BONE SPRING           |
|  | EAGONA SALADO, BONE SI KING          |
| 4. Well Location   |                                      |
| Unit Letter : feet from the line and feet from the   | line                                 |
| Section 16 Township 23S Range 29E NMPM   | Eddy County New Mexico               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |                                      |
| n/a  Pit or Below-grade Tank Application or Closure  |                                      |
|  |                                      |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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 ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐   |                                      |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐   |                                      |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT  | _                                    |
| OTHER:   |                                      |
| 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.   |                                      |
| Device Engage Production Co. I. D. respectfully requests to change the intermediate assists (0.5/0) which from 2.000 ft TVD to 2.070 ft  |                                      |
| Devon Energy Production Co, LP respectfully requests to change the intermediate casing (9-5/8) point from 3,000-ft TVD to 2,970-ft TVD. The modified casing point will be ~250-ft below the base salt formation.   |                                      |
| 1 V D. The modified easing point will be -230-it below the base sait formation.  |                                      |
|  | DECEMEN                              |
| Thank you.   | RECEIVED                             |
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|  | APR <b>2 3</b> 2012                  |
|  | NIMOOD ADTEOLA                       |
|  | NMOCD ARTESIA                        |
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| I haraby partify that the information shove is true and complete to the heat of my long who doe  | and haliaf I for a second to the     |
| 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 $\Box$ , a general permit $\Box$ or an (attached) alternative OCD-approved plan $\Box$ .  |                                      |
|  |                                      |
| SIGNATURE: VIlloui (1012) OLD TITLE: Regulatory Analyst DATE: 4 19 12  |                                      |
| Type or print name Melanie Crawford E-mail address: Melanie.Crawford@dvn.co  | om Telephone No. (405) 552-4524      |
| For State Use Only   |                                      |
| 11/ Maland Janvant   | Whohan                               |
| APPROVED BY: TITLE GOLDA'S I   | DATE //03/00/                        |
| Conditions of Approval (if any):   | <b>'/</b> /                          |