Office Submit I Copy To Appropriate District		lew Mexico	Form C-	
District I – (575) 393-6161	Energy, Minerals as	nd Natural Resources	Revised July 18,	2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-42264	
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVA	ATION DIVISION	5. Indicate Type of Lease	
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	Santa Fe,	NM 87505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	·			
87505 SUNDRY NO	TICES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Nar	
(DO NOT USE THIS FORM FOR PROP			_	110
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Chincoteague 32 State Com		
PROPOSALS.) 1. Type of Well: Oil Well			8. Well Number 5H	
2. Name of Operator Devon Energy Production	n Co., L.P.	Linda Good	9. OGRID Number 6137	
3. Address of Operator			10. Pool name or Wildcat	$\neg \neg$
333 West Sheridan Ave, Ol	dahoma City, OK 73102	405-552-6558	WC-025 G-06 S253206M; Bone Spring	-
4. Well Location			-	
Unit Letter O :	200 feet from the	S line and	880 feet from the E line	
Section 32	Township 249	S Range 32E	NMPM Lea County	
de la companya de la	11. Elevation (Show whet		etc.)	
in the state of th	3470' (GR		
NOTICE OF I	Appropriate Box to Indi	_ SI	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	-	REMEDIAL W		
TEMPORARILY ABANDON		CASING/CEM	DRILLING OPNS. P AND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	, ,	LI CASING/CEM	EN JOB	
CLOSED-LOOP SYSTEM				
OTHER: APD Extension	.	OTHER:		
			and give pertinent dates, including estimated	date
		NMAC. For Multiple	Completions: Attach wellbore diagram of	
proposed completion or re	completion.			
			·	
Devon Energy Production Co.,	LP respectfully requests to ext	tend this APD that expir	res 11/12/2016 for 2 years till 11/12/2018.	
			c	
Thank you.	Strain and the strain of the s	· -	·	
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	ditional requests for exter	1		
	st be accompanied by curren	t work plan		
and	current C-102			
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C. ID.	p: p.1	D.4	-	
Spud Date:	Kig Kei	ease Date:		
-		· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the information	above is true and complete t	o the hest of my knowle	edge and belief	
	above is true and complete t	o die oest of my known	ougo una conoi.	
\mathcal{L}_{n}	91 ()			
SIGNATURE Toucka	Spork TITLE	Regulatory Compl	iance Specialist DATE 11/10/2016	
Type or print name Linda Goo	d r	address: linda.good	@dyn.com BLONE: 405-552 650	58
Type or print name Linda Good For State Use Only	E-mail	audress: imda.good(@dvn.com PHONE: 405-552-65	, 0
4	$-\Lambda\Omega$	Λ		
ADDROVED DV. SVA		// (/)	\	
APPROVED BY: DAVID Conditions of Approval (Kany):	Sharp TITLE	Busherd	Ner- adudate 11-15-16	<u>)</u>