| Submit 3 Copies To Appropriate District Office  | State of New Mexico  | Form C-103<br>May 27, 2004                       |
|---|--|--|
| District I<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resource  | WELL API NO.                                     |
| District II 1301 W. Grand Ave., Artesia, NM 88210   | L CONSERVATION DIVISION  | 30-015-00303                                     |
| District III  | 1220 South St. Francis Dr.   | 5. Indicate Type of Lease  STATE FEE             |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.                     |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |  |
|   | ES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name             |
| (DO NOT USE THIS FORM FOR PROPOSA   | LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>TION FOR PERMIT" (FORM C-101) FOR SUCH | Atoka San Andres Unit                            |
| PROPOSALS.)   |  | 8. Well Number                                   |
|   | as Well Other  |  |
| 2. Name of Operator   | y, LP  | 9. OGRID Number                                  |
| Devon Energy Production Compan<br>3. Address of Operator  | y, LP  | 10. Pool name or Wildcat                         |
| 20 North Broadway, Oklahoma City, OK 73102-8260 (405) 552-8198  |  | San Andres                                       |
| 4. Well Location  |  |  |
| Unit Letter L : 1650 feet from the South line and 990 feet from the West line   |  |  |
| Section 11  | Township 18S Range 26E   |  |
|   | 11. Elevation (Show whether DR, RKB, RT, G   | R, etc.)   |
| Pit or Below-grade Tank Application ☐ or Closure ☐  |  |  |
| 1   | rDistance from nearest fresh water well  | Distance from nearest surface water              |
| Pit Liner Thickness: mil  |  | ols; Construction Material                       |
|   |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |  |
| NOTICE OF INT   |  | SUBSEQUENT REPORT OF:                            |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING  |  |  |
| <del></del>   | <del></del>  | CE DRILLING OPNS. P AND A                        |
| PULL OR ALTER CASING  | MULTIPLE COMPL CASING/C  | EMENT JOB  |
| OTHER: TA STATUS  |  |  |
| 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.  |  |  |
| or recompletion.  |  |  |
|   |  |  |
|   |  |  |
| Devon Energy Production Company, LP respectfully requests an extension of our TA status. As the ASAU is expected to   |  |  |
| produce for quite some time, the potential usefulness of this well will also be ongoing. This well is in our waterflood area. Therefore, this well has disposal utility should one of our other disposals fail. As this situation is not expected to change, we                                     |  |  |
| are requesting a longer term temporary  |  | 7.5 this situation is not expected to change, we |
|   |  | a approved only upon                             |
|   | TA Status Will   | be approved only upon I C-103 and a witnessed    |
|   | MIT Test. Noti   | ry OCD 24 hours prior to                         |
|   | testing.   |  |
| •   |  | Accepted for record                              |
|   |  | Accepted for record NMOCD                        |
|   |  |  |
| 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 bas been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan. |  |  |
| $\mathcal{L}$   |  |  |
| SIGNATURE   | TITLE_Sr. Staff Eng  | ineering TechnicianDATE_2/27/06                  |
| Type or print name Norvella Adam  | ns E-mail address: norvella.adams@dvn  | .com Telephone No. (405) 552-8198                |
| For State Use Only  |  |  |
| APPROVED BY:  | TITLE  | DATE   |
| Conditions of Approval (if any):  | ***************************************  |  |
| ·   |  |  |