

CLSF
DP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 no Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-28455
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Red Lake Unit
8. Well No. 55
9. Pool name or Wildcat Red Lake (Q-G-SA)

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 ☐ Gas Well ☒ Other proposed

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address of Operator
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Well Location
Unit Letter K : 1650 Feet From The south Line and 1650 Feet From The west Line

Section 7 Township 18S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GL 3283'

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: APD extension request ☒

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.

The Application for Permit to Drill the West Red Lake Unit #55 was approved October 13, 1995.

An extension was granted and due to expire April 13, 1996.

At this time Devon Energy Corporation (Nevada) requests an extension to drill this well.

APPROVAL VALID FOR DAYS
PERMIT EXPIRES 3-21-97
UNLESS DRILLING UNDERWAY

RECEIVED

MAR 18 1996

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Candi Graham

TITLE ENGINEERING TECHNICIAN

DATE March 14, 1996

TYPE OR PRINT NAME Candi Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approved by TITLE
Conditions of approval, if any:

DATE MAR 20 1996