

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CON. DIV.
Drawer DD
Artesia, NM 88210

CISF
RB

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4511

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 13-T23S-R31E 1980' FSL & 1980' FEL

5. Lease Designation and Serial No.
NM 0533177-A

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Todd "13J" Federal #10

9. API Well No.
20-01-1111

10. Field and Pool, or Exploratory Area
Ingle Wells (Delaware)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Extend permit date</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

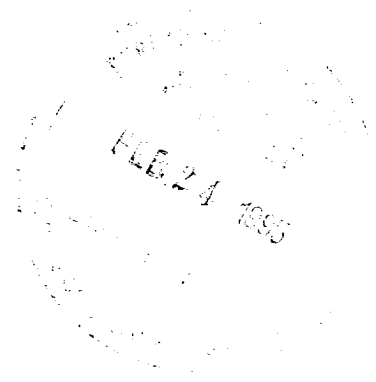
We are applying to extend the effective date of this drilling permit for 1 year. The original approval date was 2/7/94.

RECEIVED

MAR 16 1995

OIL CON. DIV.
DIST. 2

APPROVED FOR 12 MONTH PERIOD
ENDING 2/7/96



14. I hereby certify that the foregoing is true and correct

Signed Linda Diepenbrock Title LINDA DIEPENBROCK Date 2/22/95
ENGINEERING TECHNICIAN

(This space for Federal or State office use)
(ORIG. SGD.) JOE G. LARA

Approved by _____ Title Petroleum Engineer Date 3/14/95
Conditions of approval, if any: