

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. See Below
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC-061863-A
7. Lease Name or Unit Agreement Name See Below
8. Well Number See Below
9. OGRID Number 6137
10. Pool name or Wildcat 96403 - Wildcat; Bone Spring

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

2. Name of Operator
 Devon Energy Production Company, LP

3. Address of Operator
 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-4524

4. Well Location
 Unit Letter _____ feet from the _____ line and _____ feet from the _____ line
 Section 6 Township 25S Range 32E NMPM Lea County New Mexico

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 n/a

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Off Lease Gas Measurement, Sales & Storage <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Devon Energy Production Co., LLP respectfully requests for the Off Lease Gas Measurement, Sales, & Storage for the following wells:

Trionyx 6 Federal 1H, API: 30-025-39948
 Trionyx 6 Federal 2H, API: 30-025-39949
 Trionyx 6 Federal 3H, API: 30-025-~~39984~~ 40105

Order Nos. OLS-199
 OLM-54

This is a three well pad and the tank battery is located on the well pad location. All three wells will utilize this tank battery and will be the only wells at this time. The DCP CDP Gas Sales Meter 727856-00 is located in Sec 11, T25S, R31E, in Lea County, NM. All three wells will flow to the CDP and will be the only wells at this time utilizing the DCP CDP Gas Sales Meter 727856-00. There will be allocation gas, oil, and p/w meter for every well at the well and there will also be a gas check meter to check against the DCP CDP 727856-00 and it will be located at the Trionyx tank battery. *Will submit production and meter numbers once available

The working interest, royalty interest and overriding royalty interest owners are uniformed; no additional notification is required.

ROW will or has already been obtained

Reviewed by: *RC*
 Recommended Approval 11/22/11

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 , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE: *Melanie Crawford* TITLE: Regulatory Analyst DATE: 9/20/11

Type or print name Melanie Crawford E-mail address: Melanie.Crawford@dvn.com Telephone No. (405) 552-4524
 For State Use Only

* APPROVED BY: *Anni Baily* TITLE Director DATE 11/22/11
 Conditions of Approval (if any):