

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

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-31413 & 30-015-31921
2. Name of Operator Devon Energy Production Company, LP		5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 333 W Sheridan Avenue Oklahoma City, Oklahoma 73102 (405) 552-4524		6. State Oil & Gas Lease No. NM-54856, NM-103872 & CANM-106845
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 20 Township 16S Range 28E NMPM Eddy County New Mexico		7. Lease Name or Unit Agreement Name Crow Flat 20 Fed Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) n/a		8. Well Number 1 & 2
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		9. OGRID Number 6137
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		10. Pool name or Wildcat 75720 Crow Flats; Morrow (gas)
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
OTHER: Off Lease Gas Measurement, Sales & Storage ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: OLM-67 ☐

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., LP respectfully requests to Off Lease Gas Measurement, Sales & Storage for the Crow Flat 20 Fed Com 1 & 2 wells. Each well has its own tank battery on location and is the only well utilizing the tank battery at this time. The Crow Flat 20 Federal Com 2 will flow 1<sup>st</sup> to a 3 Phase before flowing to an Allocation Meter 885-33-014 before flowing to the same DCP CDP Gas Sales Meter 711543-00 as the other Crow Flat well. The Crow Flat 20 Federal Com 1 will flow through a Separator before flowing to the DCP CDP Gas Sales Meter 711543-00 which is located in Section 30, T16S, R28E of Eddy County, NM. There are no other wells flowing to the DCP CDP Gas Sales Meter 711543-00. The volumes reported off the DCP CDP Sales Meter 711543-00 are combined from both wells. The sales volumes are reported on the Crow Flats 20 Federal Com 1 stop. The subtraction method is used to allocate gas back to the Crow Flat 1 well

ROW will or has already been obtained.

The working interest, royalty interest and overriding royalty interest owners in the lease is uninformed; no additional notification is required

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: 6/7/12  
Type or print name Melanie Crawford E-mail address: Melanie.Crawford@dvn.com Telephone No. (405) 552-4524  
For State Use Only

APPROVED BY: [Signature] TITLE: Director DATE: 8/20/12  
Conditions of Approval (if any):