

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. 30-015-36376 & 30-015-37193
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Shakespeare 20 Federal Com
8. Well Number 1H & 3H
9. OGRID Number 6137
10. Pool name or Wildcat See Below

**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) 552-7802

4. Well Location (See Below)  
 Unit Letter \_\_\_\_\_ : \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM Eddy 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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <b>CTB-608</b> <input type="checkbox"/>
OTHER: LEASE COMMINGLE, OFF-LEASE GAS SALES & MEASUREMENT <input checked="" 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 approval for lease commingle and off lease storage and measurement of oil & gas hydrocarbon production from the following wells:**

- \* Shakespeare 20 Federal Com 1H: API # 30-015-36376 Sec 20-T16S-R28E Lease NM-54856 Dog Canyon; Wolfcamp (17970)
- \* Shakespeare 20 Federal Com 3H: API # 30-015-37193 Sec 20-T16S-R28E Lease NM-103872 Dog Canyon; Wolfcamp (17970)

A central tank battery will be located at the Shakespeare 20 Federal Com 1H. The Well Test Method will be used to allocate production back to the wells (see proposed/current facility schematic). A common gas sales meter associated with a DCP central delivery point (CDP) is located at the Shakespeare 20 Federal Com 1H location. Waste is not induced and no correlative rights are impaired.

*Reviewed by RE  
 Recommend Approval*

ROW will or has already been obtained.

Working, royalty, and overriding interest owners are uniform; no further notification is required.

*Subject to Like Approval by BLM 2/8/10*

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

SIGNATURE \_\_\_\_\_ TITLE Sr. Staff Engineering Technician DATE 01/08/2010

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802  
 For State Use Only

APPROVED BY: *[Signature]* TITLE Division Director DATE 2/8/10  
 Conditions of Approval (if any):