| Submit I Copy To Appropriate District Office  | State of New Mexico                    |                           | Form C-103   |
|---|--|---------------------------|--|
| District I  | Energy, Minerals and Natural Resources |                           | October 13, 2009 WELL API NO.  |
| 1625 N French Dr., Hobbs, NM 88240<br>District II   | OIL CONCEDIATION DIVIDION              |                           | 30-015-38475   |
| 1301 W Grand Ave., Artesia, NM 88210<br>District III  | nuna (170., / media, 1101 00210        |                           | 5. Indicate Type of Lease  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | 000 Rio Brazos Rd., Aztec, NM 87410    |                           | STATE FEE  6. State Oil & Gas Lease No.  |
| 1220 S St Francis Dr , Santa Fe, NM<br>87505  |  |                           |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                           | 7. Lease Name or Unit Agreement Name   |
| (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   |  |                           | D' 1 DYAY 22   |
| PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other  |  |                           | Diamond PWU 22<br>8. Well Number   |
|   |  |                           | 2Н   |
| 2. Name of Operator: Devon Energy Production Company L. P.  |  |                           | 9. OGRID Number<br>6137  |
| 3. Address of Operator:   |  | 10. Pool name or Wildcat  |  |
| 20 N. Broadway, Oklahoma City, OK 73102-8260  |  | Turkey Track; Bone Spring |  |
| 4. Well Location  |  |                           |  |
| Unit Letterfeet from theline andfeet from theline  Section 22 Township 19S Range 29E NMPM Eddy County   |  |                           |  |
| Section 22 Township 19S Range 29E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                           |  |
| GR  |  |                           |  |
| 12. Check Appropriate Box to  | Indicate Nature of Notice, R           | Report or Other D         | Oata Company of the C |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |                           |  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORL  |  |                           | K ☐ ALTERING CASING ☐  |
| TEMPORARILY ABANDON  PULL OR ALTER CASING   | CHANGE PLANS   MULTIPLE COMPL          | COMMENCE DRI              |  |
| DOWNHOLE COMMINGLE  | MULTIPLE COMPL                         | CASING/CEMEN              | 1 JOB  |
| OTHER:  |  |                           | _  |
| OTHER:  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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.   |  |                           |  |
| Devon Energy Production Company, LP respectfully requests the following:  |  |                           |  |
| Ran 13 3/8" casing to 197', mix and pump 260 sacks (62 bbl) 14.8 ppg Class "C" cement + 2% CACL-2 + 1/8 # CF, Yield= 1.35, Water GPS= 6.35,   |  |                           |  |
| BBL mix water= 38.99, did not circulate cement to surface. Wait 4 ½ hours on cement. Ran 1" tubing to 105', tagged cement, mix and pump first top   |  |                           |  |
| job: 50 sacks (12 bbl) 14 8 ppg class "C" cement slurry + 6% cacl-2, Yield= 1.34, Water GPS= 6.34, BBL mix water= 7 59 @ 90', WOC one hour. Ran 1'' tubing to 60', tagged cement. Mix and pump second top job with 125 sacks (30 bbl) class "C" cement slurry + 4% cacl-2, Yield= 1.32, Water GPS=  |  |                           |  |
| 6.32, BBL mix water= 19.20, circulated 10 sacks of cement to surface, no drop in fluid level.   |  |                           |  |
|   |  |                           |  |
|   |  |                           |  |
|   |  |                           |  |
|   |  |                           | RECEIVED   |
|   |  |                           | OCT <b>14 20</b> 11  |
|   |  |                           | UCI #4 ZUIII   |
|   |  |                           | NMOCD ARTESIA  |
|   |  |                           |  |
|   |  |                           |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                           |  |
| SIGNATURE MUCLES TO THE Regulatory Analyst DATE 10/14/11  |  |                           |  |
| Type or print name: Melanie Crawford E-mall address: _melanie.crawford@dvn.com PHONE: 405-552-4524  |  |                           |  |
| For State Use Only/ O From State Use Only From State Use Only O From State Use Only O From State Use Only O From State Use Only From State Use Only O From State Use Only O |  |                           |  |
| 1) 1/1000 / 15TH MILLOW   |  |                           |  |
| APPROVED BY: // Conditions of Approval (if any):  |  |                           |  |