Office 'Appropriate District	State of N				rm C-103
District I - (575) 393-6161	Energy, Minerals a	ınd Natuı	al Resources		uly 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283				WELL API NO. 30-015-41294	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE S FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
87505 SUNDRY NOT	ICES AND REPORTS ON	WELLS		7. Lease Name or Unit Agreeme	ent 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 PROPOSALS.)				Tranquil 13 State Com	
1. Type of Well: Oil Well Gas Well Other				8. Well Number 2H	
Name of Operator Devon Energy Production Cor	mpany, LP	405-228-7	7203	9. OGRID Number 6137	
3. Address of Operator				10. Pool name or Wildcat	
333 West, Sheridan Avenue				H H H D . C. S Mad	(30217)
Oklahoma City, OK 73102-5	015 405-228-720).3		Hay Hollow; Bone Spring, North	n (30216)
4. Well Location Lot Number O	330 feet from the SOL	TTLI 1	ine and 1705	feet from the _EASTline	
Section 13		Range 2			
B. M. H. W. Waller					
12. Check	Appropriate Box to Ind	licate Na	iture of Notice,	Report or Other Data	
	NTENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO					ASING 🔲
TEMPORARILY ABANDON TEMPORARILY ABANDON TEMPORARIL ABANDON TEMPORAR			COMMENCE DRI		
PULL OR ALTER CASING DOWNHOLE COMMINGLE			CASING/CEMENT	TJOB . L	
CLOSED-LOOP SYSTEM					
			OTHER:		
OTHER: APD Extension					
	ork). SEE RULE 19.15.7.1-			I give pertinent dates, including es npletions: Attach wellbore diagra	
	subject well will expire 4/3 extended for two years throu			uction Company, L.P. respectfully	requests
Thank you	'			NM OIL CONSERVATION ARTESIA DISTRICT	
approved for lyear	\			APR 07 2015	
Expires 9/30	12016			RECEIVED	
I hereby certify that the information	above is true and complete	to the bes	st of my knowledge	and belief.	
SIGNATURE Jane	Coll	TITLE	E: Regulatory An	<u>nalyst</u> DATE <u>4/7/2015</u>	
Type or print name: <u>Trina C. Co</u>	ouch E-mail addres	s: trina.c	ouch@dvn.com	PHONE: 405-228-7203	
For State Use Only		1	ac		_
APPROVED BY: Conditions of Approval (if any):	CC TITLE	0150	Dyevisa	DATE 4/8/1	