

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-015-43262
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Harroun Trust 6 SWD
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat SWD; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2949'

NM OIL CONSERVATION

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
333 WEST SHERIDAN AVENUE, OKC, OK 73102

4. Well Location
Unit Letter A : 660 feet from the North line and 350 feet from the East line
Section 6 Township 24S Range 29E NMPM , County New Mexico

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: SWD Extension <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 an extension to the approved SWD for the subject well. The permit was approved on 07/31/2015 and expired 07/31/2017.

Future extension requests must be accompanied by Form C-102

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Erin Workman TITLE Regulatory Compliance Analyst DATE 08/02/2017

Type or print name Erin Workman E-mail address: Erin.workman@dvn.com PHONE: (405)552- 7970

For State Use Only

APPROVED BY: [Signature] TITLE STAFF Mgr DATE 8-2-17
 Conditions of Approval (if any):