

BSubmit 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. 30-015-36294
5. Indicate Type of Lease FEDERAL <input checked="" type="checkbox"/> STATE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 ☒

7. Lease Name or Unit Agreement Name Big Eddy Unit
8. Well Number 214

2. Name of Operator
Devon Energy Production Company, LP

9. OGRID Number 6137

3. Address of Operator
20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802

10. Pool name or Wildcat Carlsbad, East (Morrow)

4. Well Location
Unit Letter E : 1330 feet from the North line and 860 feet from the West line
Section 6 Township 22S Range 28E NMPM Eddy County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3127' GL
--

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: NAME CHANGE <input checked="" type="checkbox"/>	OTHER: <input 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 respectfully requests permission to change name of location:

From: Big Eddy Unit 214
To: Indian Draw 6 Fed Com 2

Notes:

- * Effective 05/28/08 Devon took over Operator for above well; well was previously operated by BEPCO, LP.
- * Received BLM approval to COO and change name 06/07/08.

(See attachment.)

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 Stephanie A. Ysasaga TITLE Sr. Staff Engineering Technician DATE 06/18/08
Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dmn.com Telephone No. (405) 552-7802
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):
Accepted for record - NMOCD