Submit 1 Copy To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009
1625 N French Dr , Hobbs, NM 88240	Znergy, withertals and real	aran ressources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210			30-015-39165
District III	rict III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505			
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			7. Lease Name or Unit Agreement Name
PROPOSALS.)			Snapping 2 State 8. Well Number
1. Type of Well: Oil Well Gas Well Other			8. Well Number
2. Name of Operator: Devon Energy Production Company L. P.			9. OGRID Number 6137
3. Address of Operator:			10. Pool name or Wildcat
20 N. Broadway, Oklahoma City, OK 73102-8260		Wildcat; Bone Spring	
4. Well Location 2360			
Unit Letter_C : _330feet from theSouth_ line and 2310 _ feet from theEast line			
Section 2 Township 26S Range 31E 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 I	Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			
			ILLING OPNS. P AND A
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE ☐ 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 to the following:			
Proposed TD for the subject well is 13, 587 ft MD.			
Revised directional plan is attached.			
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			RECEIVED OCT 05 2011 NMOCD ARTESIA
			OCI GRESIA
			OCD ATT
			NMOS
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T1 1 (C. d. (d. (c.)			11.00
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE MULANIE (12		Analyst DATE_	10/3/11
Type or print name: _Melanie Grawfe	ordE-mail address: _melanie.	crawford@dvn.com	1 PHONE: 405-552-4524
For State Use Only	and C	· la · t	11-1-261
APPROVED BY: Conditions of Approval (if any):	MM9 TITLE OF	0105151	DATE // / LUI