Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	NM 88210 OIL CONSERVATION DIVISION		30-015-36196
<u>District III</u>	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
<u>District IV</u> 1220 S St Francis Dr., Santa Fe, NM	Santa 1 C, 14141 67303		6. State Oil & Gas Lease No.
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 FED PROPOSALS)			
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM SIDE)	PINED	Cotton Draw Unit
1. Type of Well: Oil Well	Gas Well Other		8. Well Number
1. Type of well. On well	Cas well Called	2 4 2010	113
2. Name of Operator Devon Energ	y Production Company L. P.	27 2010	9. OGRID Number 6
	NIMOC	DARTERIA	6137
3. Address of Operator	NIVIOC	D ARTESIA	10. Pool name or Wildcat
20 N. Broadway, Oklahoma City, OK 73103			Cotton Draw; Brushy Canyon
4. Well Location			
E Unit Letter <b>E</b> 1980 :	feet from the North	line and 66	50 feet from the West line
Section 36	Township 24S	Range 31E	NMPM Eddy County
一种 · 数 · 4 · 4	11. Elevation (Show whether DR)	, RKB, RT, GR, etc.	
	3493' GL		
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DR CASING/CEMEN	ILLING OPNS. P AND A
OTHER: Extend APD   ☑		OTHER:	
13. Describe proposed or comp of starting any proposed wo proposed completion or rec	ork). SEE RULE 19.15.7.14 NMAC ompletion.  Deany L. P. respectfully requests to e	C. For Multiple Co	I APD of the Cotton Draw Unit 113 dated
Spud Date:	Current NMOCD rules regulations must be me time of drilling		APPROVED FOR 1 YEAR EXPIRES: 3/17/2011
I hereby certify that the information	above is true and complete to the be	est of my knowledg	ge and belief.
SIGNATURE	TITLE_Regulatory	AnalystDATE_	
Type or print name _Judy A. Barnett For State Use Only	E-mail address: Judith.Barnett	@dvn.com_ PHON	NE: _405.228.8699
APPROVED BY: Dauld Conditions of Approval (if any):	Bray TITLE Fiel	d supervise	DATE 2-24-10