

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505Form C-103
October 13, 2009WELL API NO.
30-015-37875

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Cooter 16 State

8. Well Number

5H

9. OGRID Number

6137

10. Pool name or Wildcat

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 10-100) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator Devon Energy Production Company L. P.

3. Address of Operator

20 N. Broadway, Oklahoma City, OK 73102-8260

4. Well Location

Unit Letter _____ : _____ 330 _____ feet from the _____ South _____ line and _____ 2310 _____ feet from the _____ East _____ line
Section 16 Township 25S Range 29E NMPM Eddy County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2998' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐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 L. P. respectfully requests that the production hole size be 8 1/2" from 7700 to 11,708' TD.
The Production casing will be revised as follows:

OD Csg	Casing Interval	Weight	Collar	Grade
5-1/2"	0 - 6,400	17#	LTC	HCP-110
5-1/2"	6,400 - 11,708	17#	BTC	HCP-110

Spud Date:

7/31/10

Rig Release Date:

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

SIGNATURE

TITLE Regulatory Analyst DATE 8/9//10

Type or print name Judy A. Barnett E-mail address: Judith.Barnett@dvn.com PHONE: 405.228.8699

For State Use Only

APPROVED BY: David Gray TITLE Compliance Officer DATE 8-11-10

Conditions of Approval (if any):