

Submit 1 Copy 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
JAN 26 2012
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
October 13, 2009

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Brown Bear 14 State Com
2. Name of Operator: Devon Energy Production Company L. P.	8. Well Number 1
3. Address of Operator: 20 N. Broadway, Oklahoma City, OK 73102-8260	9. OGRID Number 6137
4. Well Location Unit Letter <u>M 640</u> feet from the <u>Southern</u> line and <u>330</u> feet from the <u>West</u> line Section <u>14</u> Township <u>18S</u> Range <u>33E</u> NMPM Lea County	10. Pool name or Wildcat 13195 Corbin; Delaware, West
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR	

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, LP respectfully request to drill this well without a pilot hole.

Thank you.

HOBBS OCD

MAR 29 2012

RECEIVED

RECEIVED
JAN 17 2012
NMOCD ARTESIA

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

SIGNATURE Melanie Crawford TITLE Regulatory Analyst DATE 1-16-2012

Type or print name: Melanie Crawford E-mail address: melanie.crawford@dnv.com PHONE: 405-552-4524

For State Use Only

APPROVED BY: [Signature] DATE MAR 30 2012
Conditions of Approval (if any): [Signature]