Office	State of New Me	exico	FORM C-103
histrict I Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.	
District II District II District II		30-025-39808	
1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III JUN 27 2012 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410		STATE FEE	
District IV & Santa Fe, NW 8/303			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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 C-101) FOR SUCH			DI 1 1 1 1 5 0 1
PROPOSALS.)			Black Mamba 15 State 8. Well Number
1. Type of Well: Oil Well Gas Well Other			1 s. wen rumber
2. Name of Operator Devon Energy Production Company L. P.			9. OGRID Number 6
			6137
3. Address of Operator 20 N. Broadway, Oklahoma City, OK 73102-8260			10. Pool name or Wildcat
			Wildcat; Wolfcamp Gas
4. Well Location		1. 1.1040	
J Unit Letter N 1700:feet from the _South line and 1840feet from the _Eastline			
Section 15	Township 23S 11. Elevation (Show whether DR)	Range 33E	NMPM Lea County
	3716' GL	, MD, KI, OK, etc.,	
12. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:			
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF: CALCULATION ALTERING CASING CALCULATION
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
OTUED, Drilling Operations		OTHER.	П
OTHER: Drilling Operations		OTHER:	
13. Describe proposed or complet			d give pertinent dates, including estimated date
	•	C. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or recon	apletion.		
Devon Energy Production C	Company L. P. on 6/15/12 drille	ed an additional 2'	on said property making a TD of 78'.
Saud Data: 7/26/10 @ 12:00 hrs.	2:21		
Spud Date: 7/26/10 @ 12:00 hrs.	Rig Release Da	ate:	
		<u> </u>	
I hereby certify that the information ab	ove is true and complete to the b	est of my knowledg	ge and belief
	ove is true und complete to the s	cot of my line wiedg	e una conci.
\mathcal{L}			
SIGNATURE	TITLE Regulatory 9	Specialist DATI	E6/26/12
•	III BBRegulatory .	•	
Type or print name David H Coek		- —	405 552 7848
Type or print name _David H. Cook For State Use Only		- —	_405.552.7848
For State Use Only	E-mail address: david.cook@d	lvn.com_ PHONE:	
APPROVED BY		lvn.com_ PHONE:	
For State Use Only	E-mail address: david.cook@d	lvn.com_ PHONE:	