Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240	SOCD	WELL API NO.
<u> </u>	OIL CONSERVATION DIVISION	30-025-39808
District III – (505) 334-6178	7 20121220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 8741 00 Strict IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,	o. State on the gas beade no.
87505 SUNDRY NOTE:	CEIVED S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name of Olit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		BLACK MAMBA 15 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
2. Name of Operator	as well 🔼 Other	9. OGRID Number
Devon Energy Production Company, L.P.		6137
3. Address of Operator		10. Pool name or Wildcat
333 W. Sheridan Avenue, Oklahoma City, Oklahoma 73102 (405) 552-7848		WILDCAT; WOLFCAMP GAS
4. Well Location	•	
	feet from the S line and _	1840 feet from the E line
Section 15 Township 23S Range 33E NMPM Lea, County New Mexico		
	11. Elevation (Show whether DR, RKB, RT, GR, e 3716'	etc.)
	7710	
12. Check App	propriate Box to Indicate Nature of Notic	e. Report or Other Data
•	•	•
NOTICE OF INTE		JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
	_	DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	ENT JOB []
DOWN TOLL COMMINGLE		
OTHER: Drilling Operations		
		and give pertinent dates, including estimated date
of starting any proposed work) proposed completion or recom). SEE RULE 19.15.7.14 NMAC. For Multiple (Completions: Attach wellbore diagram of
proposed completion of recom	pietion.	
Devon Energy Production Company L.P. on 10/1/2012 drilled an additional 2' on said property making a TD of 90'.		
		•
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I hereby certify that the information abo	ove is true and complete to the best of my knowle	edge and belief.
SIGNATURE J_	TITLE_Regulatory Specialist_	DATE10/16/2012
Time on print name Devid II. Cook	r danid	PHONE (405) 550 7040
Type or print name David H. Cook For State Use Only	E-mail address: _david.cook@c	lvn.com PHONE: (405) 552-7848
		1021/
APPROVED BY	title Dist. nu	DATE 10-24-2012
Conditions of Approval (if any):		
/		\checkmark
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