

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 87003
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OGD
 APR 03 2013
 RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
 OIL 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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u>	WELL API NO. 30-025-00350
	5. Indicate Type of Lease- STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator DEVON ENERGY PRODUCTION CO. LP	6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 250, ARTESIA, NM 88211	7. Lease Name or Unit Agreement Name STATE BH
4.-Well Location Unit Letter: P; 990 feet from the SOUTH line and 330 feet from the EAST line Section 32 Township 15S Range 32E NMPM LEA County	8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3731' GL	9. OGRID Number 6137
	10. Pool name or Wildcat SWD; SAN ANDRES

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>
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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.

Please review attached, Bradenhead Test Report with chart.

The well was tested at 600 PSI and held for 30 minutes. All visible lines had 0 PSI and no leaks. Test was completed on 03/26/2013.

Spud Date: Rig Release Date:

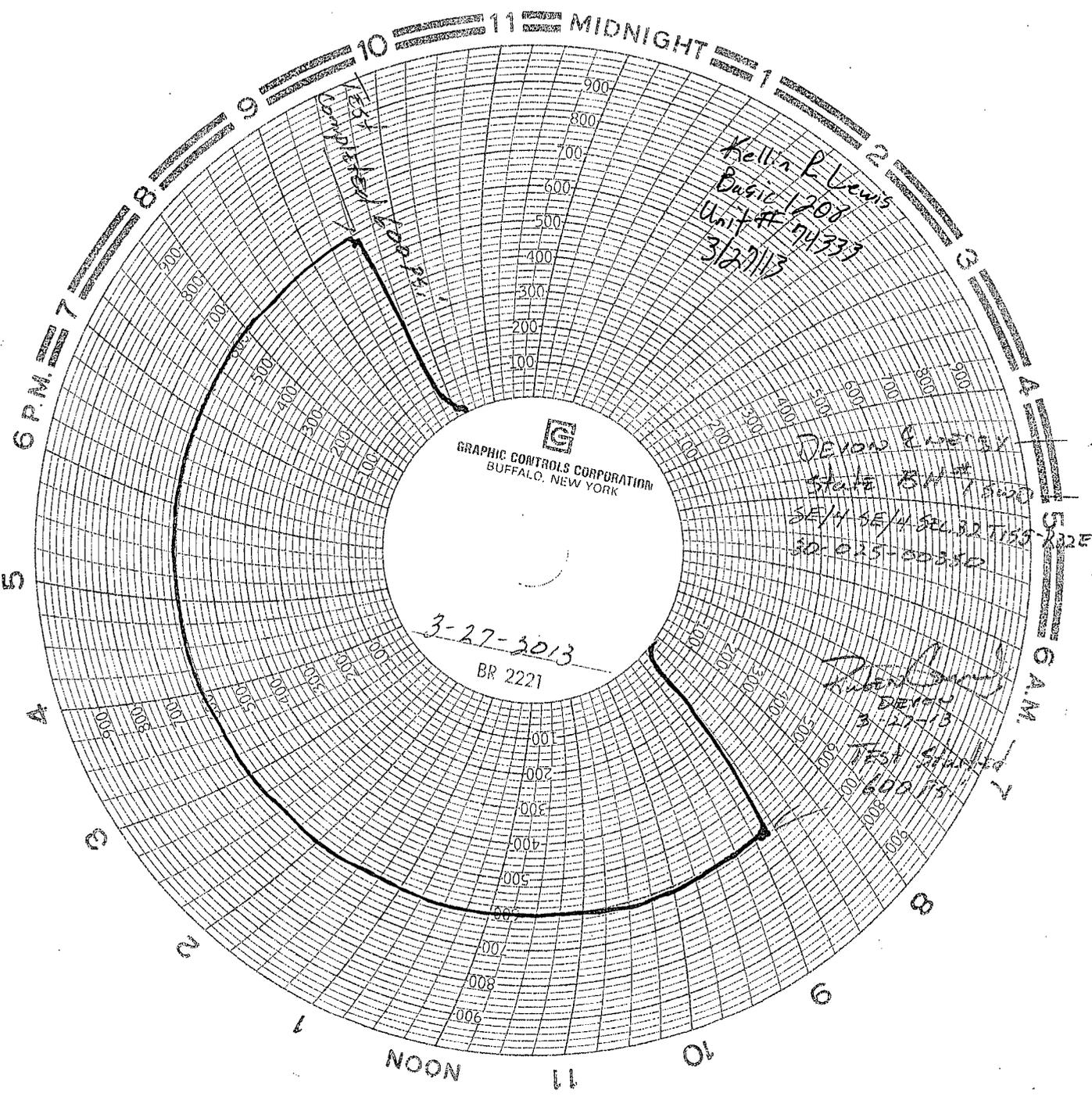
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gracie Bustamante TITLE Field Admin Support
 DATE: 04/02/2013

Type-or-print-name: Gracie Bustamante E-mail-address: Gracie.Bustamante@dvn.com PHONE: 575-746-5561

For State Use Only
 APPROVED BY: [Signature] TITLE Dist. MGR DATE 4-3-2013
 Conditions of Approval (if any):

APR 08 2013 h




 GRAPHIC CONTROLS CORPORATION
 BUFFALO, NEW YORK

3-27-2013
 BR 2221

Kellin P Lewis
 Basil 1208
 Unit # 74333
 3/27/13

DEION ENERGY
 State EM # 7820
 SE/4 SE/4 SEL 32 TISS X22F
 30-025-00350

Test started
 600 ft
 3-27-13

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