

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

HOBBS OGD
 State of New Mexico
 Energy, Minerals and Natural Resources
APR 03 2013
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
RECEIVED
 Santa Fe, NM 87505

Form C-103
 October 13, 2009

WELL API NO. 30-025-34577 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CABALLO 9 STATE ✓
8. Well Number 1 ✓
9. OGRID Number 6137
10. Pool name or Wildcat NORTH BELL LAKE MORROW

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 Gas Well Other SWD

2. Name of Operator
DEVON ENERGY PRODUCTION CO. LP

3. Address of Operator
PO BOX 250, ARTESIA, NM 88211

4. Well Location
 Unit Letter: E; 1650 feet from the NORTH line and 660 feet from the WEST line
 Section 9 Township 23S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3731' GL

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 545 PSI and held for 40 minutes. All visible lines had 0 PSI and no leaks. Test was completed on 03/28/2013.

Spud Date:

Rig Release Date:

DENIED
 WRONG SIZE
 CHART

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

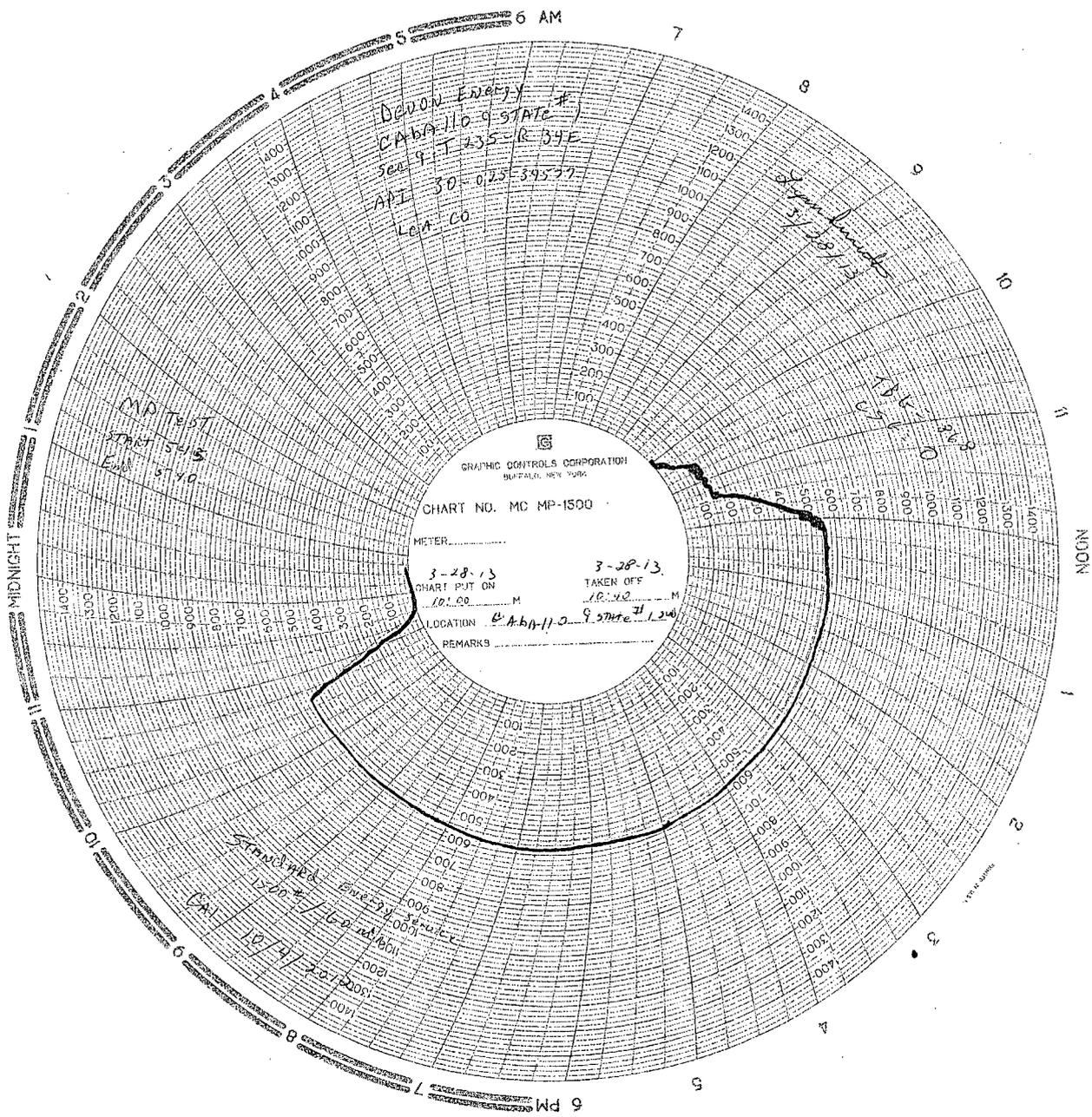
Type or print name: Gracie Bustamante E-mail address: Gracie.Bustamante@dvn.com PHONE: 575-746-5561

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 4-8-2013

Conditions of Approval (if any):

APR 08 2013



[Handwritten signature]
NOTES