

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-33521
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM86926
7. Lease Name or Unit Agreement Name DIAMONDTAIL 24 FED
8. Well Number 1A
9. OGRID Number 6137
10. Pool name or Wildcat SWD; DIAMONDTAIL BONE SPRING

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 : 1980 feet from the NORTH line and 330 feet from the WEST line
 Section 24 Township 23S Range 32E NMPM County LEA

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

AUG 12 2013

RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/> Amended: wrong API on prev. C103		OTHER: <input type="checkbox"/>	

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 respectfully requests permission to perform the following work on the subject well in response to a failed MIT on 4/23/13.

TOH and LD 2-3/8" injection string and 5-1/2" x 2-3/8" packer.
 RIH with 2-3/8 work string and fresh 5-1/2" x 2-3/8" packer to +/-5,876', pressure test csg to 500psi and hold for 30 min.
 TIH with new 5-1/2" x 2-3/8" packer on new 2-3/8" IPC injection string. Reverse circulate 105 bbl packer fluid down the annulus. Set packer at 5,865'. Notify the BLM and NMOCD to witness official MIT.
 In the event that casing fails to pressure test, the BLM will be notified for permission to proceed with squeezing off any leaks with cement.

Rig-up date is set for 7/25/13

(Attached is the incorrect C-103 that was previously submitted)

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: Veronica Teel TITLE: Field Admin Support DATE: August 9, 2013

Type or print name: Veronica Teel E-mail address: Veronica.Teel@dvn.com PHONE: 575-748-9933

For State Use Only

APPROVED BY: [Signature] TITLE: Dist. MGR DATE: 8-28-2013
 Conditions of Approval (if any): AUG 28 2013

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State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

HOBBS OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 JUL 24 2013

WELL API NO. 30-025-33344	33521
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. NMNM86154	
7. Lease Name or Unit Agreement Name Diamond Tail 24 Federal	
8. Well Number #1	
9. OGRID Number 6137	
10. Pool name or Wildcat Diamond Tail-Bone Springs	

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

2. Name of Operator
Devon Energy Production Co., LP

3. Address of Operator
PO Box 250 Artesia, NM 88211

4. Well Location
 Unit Letter: **L** **1980** feet from the **South** line and **660** feet from the **West** line
 Section **24** Township **23S** Range: **32E** NMPM: County: **Lea**

5. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

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

Per Underground Injection Control Program Manual
11.6 Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.

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.

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 In the event that casing fails to pressure test, the BLM will be notified for permission to proceed with squeezing off any leaks with cement.
 Rig-up date is set for 7/25/13

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours

Condition of Approval: notify
OGD Hobbs office 24 hours

Spud Date: **Prior to the beginning of operations**

Rig Release Date:

prior of running MIT Test & Chart

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

SIGNATURE: Veronica Teel TITLE: Field Admin Support DATE: July 24, 2013

Type or print name: Veronica Teel E-mail address: Veronica.Teel@dvn.com PHONE: 575-748-9933

For State Use Only

APPROVED BY: [Signature] TITLE: Dist MGR DATE: 7-30-2013

Conditions of Approval (if any):

JUL 30 2013