

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 87400
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-103
 Revised August 1, 2011

RECEIVED
NOV 27 2013

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.)		WELL API NO. 30-025-41341 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, Oklahoma 73102-8260 (405) 552-7848		7. Lease Name or Unit Agreement Name THISTLE UNIT
4. Well Location Unit Letter <u>O</u> : <u>150</u> feet from the <u>S</u> line and <u>2150</u> feet from the <u>E</u> line Section <u>22</u> Township <u>23S</u> Range <u>33E</u> NMPM Lea County New Mexico		8. Well Number <u>57H</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3691.3'		9. OGRID Number 6137
10. Pool name or Wildcat TRIPLE X; BONE SPRING		10. Pool name or Wildcat TRIPLE X; BONE SPRING

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 checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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.

11/14/13 - Notified NMOCD of pre-spud surface hole at 1830.

11/16/13 - Spud surface hole at 0700.

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 D. R. TITLE Regulatory Specialist DATE 11/26/2013

Type or print name David H. Cook E-mail address: david.cook@dvn.com PHONE: (405) 552-7848

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE DEC 02 2013
 Conditions of Approval (if any):

DEC 02 2013