Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 June 16, 2008
1625 N French Dr., Hobbs, NM REPORT CENED	, Minerals and Natural Resources	WELL API NO
District II	CONSERVATION DIVISION	30-025-39385 / 5. Indicate Type of Lease
1301 W Grand Ave, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87470 District W	220 South St. Francis Dr. Santa Fe, NM 87505	STATE  FEE
District IV 1220 S. St Francis Dr , Santa Fe, HOBBSOCD 87505	Salita PC, INIVI 67303	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND RE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Thistle Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other		8. Well Number
Name of Operator     DEVON ENERGY PRODUCTION COMPANY L.P.		9. OGRID Number 6137
3. Address of Operator 20 N. BROADWAY, OKC, OK 73102-8260	. D.1.	10. Pool name or Wildcat Wolfcamp
4. Well Location		
N Unit Letter 1320' feet from the South line and 1600' feet from the West line		
Section 33 Township 238	Range 33E Non (Show whether DR, RKB, RT, GR, et	IMPM <u>Lea</u> County
3666' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
PERFORM REMEDIAL WORK ☐ PLUG AND TEMPORARILY ABANDON ☐ CHANGE P		PRK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING   MULTIPLE		<del></del>
OTHER: Extend APD Approval	☐ OTHER:	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Devon Energy Production Company, LP respectfully request to extend the APD for the Thistle Unit 8 well in Lea County, NM dated 4/9/2009.		
Thank you for your consideration of this request.		
\$		
(	7PD Expires	04-09-2012
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Spre Line	TITLE Regulatory Analyst	DATE_8/31/10
Type or print name <u>Spence Laird</u> E-mail address: <u>spence.laird@dvn.com</u> PHONE: <u>405-228-8973</u>		
For State Use Only		
APPROVED BY:  TITLE  PETROLEM ENGINEER  DATE  DATE		