Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
—	WELL API NO
District II 1301 W. Grand Ave , Artesia, NM 88210 District III 1220 South St. Francis Dr.	30-025-39387 5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 874 SEP 0 1 2010 Santa Fe NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr , Santa Fe, NMOBBSOCD 87505	o. State on & das Lease No.
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	7. Lease Name or Unit Agreement Name Thistle Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number 6137
DEVON ENERGY PRODUCTION COMPANY L.P. / 3. Address of Operator	10. Pool name or Wildcat
20 N. BROADWAY, OKC, OK 73102-8260	Wolfcamp
4. Well Location O Unit Letter 660' feet from the South line and 2260' feet from the East line	
Section 27 Township 23S Range 33E	NMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, et 3674' GL	tc.)
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 WOTEN TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	ORK ☐ ALTERING CASING ☐ IRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	
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 11H well in Lea County, NM dated 4/9/2009.	
Thank you for your consideration of this request.	
Thank you for your consideration of any request.	
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APD Expires O	4-09-2012
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE SIGNATURE DATE 8/31/10	
Type or print name Spence Laird E-mail address: spence.laird@dvn.com PHONE: 405-228-8973	
For State Use Only	
APPROVED BY: TITLE Conditions of Approval (it any):	DATEDATE