Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240	June 16, 2008 WELL API NO
District II	30-025-39388
District III 220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd, Aztec, NM 87410 District IV SCR. 0.1.2010 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM SEP 0 1 2010 87505	
SUNDRY MUDIS AND REPORTS ON WELLS (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.)	8. Well Number
1. Type of Well: Oil Well ☐ Gas Well ☒ Other 2. Name of Operator	9. OGRID Number 6137 /
DEVON ENERGY PRODUCTION COMPANY L.P.	9. OGRID Nulliber 0137 7
3. Address of Operator	10. Pool name or Wildcat
20 N. BROADWAY, OKC, OK 73102-8260	Wolfcamp
4. Well Location P Unit Letter 660' feet from the South line and 1320' feet from the East line	
	IMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, et	
3688' 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 ☐	
	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	NI JOB
OTHER: Extend APD Approval	
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.	
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Devon Energy Production Company, LP respectfully request to extend the APD for the Thistle Unit 14H well in Lea County, NM dated 4/9/2009.	
Thank you for your consideration of this request.	
Thank you for your constant of this requeen	
APD Expires 04	-09-2012
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Sprif Line TITLE Regulatory Analyst 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 (if any):	NEER SEP 0 2 2010 DATE

Pm