

1. API No.: 35119241710000
 2. OTC Prod. Unit No.: 119-213372
 3. Date of Application: May 20, 2014

4. Application For (check one)

A. Commingled Completion in the Wellbore (165:10-3-39)
 B. Commingled Completion at the Surface (165: 10-3-39)
 C. Multiple (Dual) Completion (165: 10-3-36)
 D. Downhole Multiple Choke Assembly (165: 10-3-37)

5. Operator Information

DEVON ENERGY PRODUCTION CO LP OTC/OCC No. 20751

333 W SHERIDAN AVE DEC 34.428
 OKLAHOMA CITY, OK 73102-5010

Phone 4052353611
 Fax 4052287518

6. Lease Name/Well No. MILDRED MARIE 2-19N-3E 1WH

7. Location within Sec. (1/4 1/4 1/4 1/4) NE NE NE NE Sec. 3 Twp. 19N Rge. 3E County PAYNE

8. The Following Facts are Submitted

Name of common source of supply	WOODFORD	Top and bottom of pay section (perforations)	4685 - 6553
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	Art. Lift
Latest test data by zone (oil, gas, and water)	O-148; G-477; W-2411	Wellhead or bottomhole pressure	58 PSI

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
620818	640			621420	

Name of common source of supply	MISSISSIPPIAN	Top and bottom of pay section (perforations)	6636 - 7147
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	Art. Lift
Latest test data by zone (oil, gas, and water)	same as Woodford	Wellhead or bottomhole pressure	58 PSI

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
620818	640			621420	

Name of common source of supply	WOODFORD	Top and bottom of pay section (perforations)	7230 - 8079
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	Art. Lift
Latest test data by zone (oil, gas, and water)	Wellhead or bottomhole pressure		

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
620818	640			621420	

Name of common source of supply	MISSISSIPPIAN	Top and bottom of pay section (perforations)	8168 - 8674
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	Art. Lift
Latest test data by zone (oil, gas, and water)	Wellhead or bottomhole pressure		

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
620818	640			621420	

Name of common source of supply	WOODFORD	Top and bottom of pay section (perforations)	8756 - 9438
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	Art. Lift
Latest test data by zone (oil, gas, and water)	Wellhead or bottomhole pressure		

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
620818	640			621420	

If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? Yes No

9. List all the operators with mailing addresses within 1/2 mile, producing from the above listed zones.

10. The operators listed above have been notified and furnished a copy of this application. If no, an affidavit of mailing must be filed no later than five (5) days after submission of this application. Yes No

11. Classification of well (see OAC 165:10-13-2): Oil

12. Attach the Following:

- A. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked.
- B. Diagrammatic sketch of the proposed completion of the well.
- C. Plat showing the location of all wells within 1/2 mile producing from the zones listed above.
- D. If 4B, 4C, or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.
- E. If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? Yes No

Oklahoma Corporation Commission
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165: 10-3-25

Form 1023

I hereby certify that I am authorized to submit this application which was prepared by me or under my supervision. The facts and proposals made herein are true, correct, and complete to the best of my knowledge and belief.

Brenda Baker

brenda.baker@dnv.com

Regulatory Specialist

405.228.7598

Signature

Title

Phone (AC/NO)

324

DRAFT ONLY