

1. API No.: 35083241710000
2. OTC Prod. Unit No.: 083-212431
3. Date of Application: May 22, 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. LIL JAKE 23-18N-3W 1WH

7. Location within Sec. (1/4 1/4 1/4 1/4) NE SE SE SE Sec. 15 Twp. 18N Rge. 3W County LOGAN

8. The Following Facts are Submitted

Name of common source of supply	WOODFORD	Top and bottom of pay section (perforations)	6679 - 7385
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	ARTIFICIAL LIFT
Latest test data by zone (oil, gas, and water)	O:188-G:234- W:1237	Wellhead or bottomhole pressure	590 PSI

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
607270	640			613154	

Name of common source of supply	SYLVAN	Top and bottom of pay section (perforations)	7472 - 7737
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	ARTIFICIAL LIFT
Latest test data by zone (oil, gas, and water)	Combined with Woodford	Wellhead or bottomhole pressure	

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
607270	640			613154	

Name of common source of supply	WOODFORD	Top and bottom of pay section (perforations)	7824 - 10480
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	ARTIFICIAL LIFT
Latest test data by zone (oil, gas, and water)	Combined with Sylvan	Wellhead or bottomhole pressure	

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
607270	640			613154	

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

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.

TAL ODEN

REGULATORY

405-228-8670

Signature

Title

Phone (AC/NO)