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

Form 1023

1. API No.: 35083242300000

2. OTC Prod. Unit No.: 083-213378

3. Date of Application: May 29, 2014

4. Application For (check one)

X 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. POST 13-18N-2W 1WH

7. Location within Sec. (1/4 1/4 1/4 1/4) NE SE SE SE **Sec.** 12 **Twp.** 18N **Rge.** 2W **County** LOGAN

8. The Following Facts are Submitted

Name of common source of supply	MISSISSIPPIAN	**Top and bottom of pay section (perforations)**	5687 - 5774
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-43; G-166; W-1868	**Wellhead or bottomhole pressure**	27 PSI

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

Name of common source of supply	WOODFORD	**Top and bottom of pay section (perforations)**	5856 - 5943
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 Mississippian	**Wellhead or bottomhole pressure**	Same

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

Name of common source of supply	SYLVAN	**Top and bottom of pay section (perforations)**	6026 - 6112
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 Mississippian	**Wellhead or bottomhole pressure**	same

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

Name of common source of supply	WOODFORD	**Top and bottom of pay section (perforations)**	6195 - 8652
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 Mississippian	**Wellhead or bottomhole pressure**	same

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

Name of common source of supply	SYLVAN	**Top and bottom of pay section (perforations)**	8940 - 9240
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 Mississippian	**Wellhead or bottomhole pressure**	same

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

Name of common source of supply	WOODFORD	**Top and bottom of pay section (perforations)**	9324 - 9495
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 Mississippian	**Wellhead or bottomhole pressure**	same

Spacing Order		Increased Density		Location Exception	
Order Number	**Unit Size**	**Order Number**	**Unit Size**	**Order Number**	**Unit Size**
618677	640			619162	

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 Folowing:

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 herby 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@dvn.com	Regulatory Specialist	405.228.7598
Signature	*Title*	*Phone (AC/NO)*

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