

1. API No.: 35017240830000  
 2. OTC Prod. Unit No.: 0171257560  
 3. Date of Application: May 23, 2013

**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 SHERIDIAN AVE DEC 34.428  
 OKLAHOMA CITY, OK 73102-5010

Phone 4052353611  
 Fax 4052287518  
 Phone 4052353611  
 Fax 4052287518

6. Lease Name/Well No. WHEELER 1-7H  
 7. Location within Sec. (1/4 1/4 1/4 1/4) SE SE SE SE Sec. 7 Twp. 12N Rge. 10W County CANADIAN

**8. The Following Facts are Submitted**

<b>Name of common source of supply</b>	MORROW	<b>Top and bottom of pay section (perforations)</b>	14206 - 18081
<b>Type of production (oil or gas)</b>	Gas	<b>Method of production (flowing or art. lift)</b>	Flowing
<b>Latest test data by zone (oil, gas, and water)</b>	Gas: 344 MCFD; Oil: 0 BOPD; Water: 9 BWPD	<b>Wellhead or bottomhole pressure</b>	1,200

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
548859	640			557587	
				556476	

  

<b>Name of common source of supply</b>	WOODFORD	<b>Top and bottom of pay section (perforations)</b>	0 - 0
<b>Type of production (oil or gas)</b>	Gas	<b>Method of production (flowing or art. lift)</b>	
<b>Latest test data by zone (oil, gas, and water)</b>		<b>Wellhead or bottomhole pressure</b>	

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
96815	640			201302478	

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  No

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

**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

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.

Jillian Mershon

Regulatory

4055526572

*Signature*

*Title*

*Phone (AC/NO)*