

Submit To Appropriate District Office Two Copies <b>NM OIL CONSERVATION</b> District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 <b>RECEIVED</b>		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>		<b>Form C-105</b> Revised August 1, 2011			
		1. WELL API NO. <b>30-015-41837</b>		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN			
		3. State Oil & Gas Lease No.		5. Lease Name or Unit Agreement Name <b>Boss Hogg 15 State Com</b>			
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>				6. Well Number:  <b>3H</b>			
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)							
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER							
8. Name of Operator <b>Devon Energy Production Company, L.P.</b>				9. OGRID <b>6137</b>			
10. Address of Operator  <b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>				11. Pool name or Wildcat  <b>WC-015 G-04 S232615D; Bone Spring</b>			
12. Location	Unit Ltr	Section	Township	Range	Lot		
Surface:	B	15	23S	26E	100		
BH:	O	15	23S	26E	325		
13. Date Spudded 8/31/14	14. Date T.D. Reached 9/26/14	15. Date Rig Released 9/29/14		16. Date Completed (Ready to Produce) 1/12/15			
17. Elevations (DF and RKB, RT, GR, etc.) 3306.4 GL							
18. Total Measured Depth of Well  11557 MD, 6728.26 TVD		19. Plug Back Measured Depth  0		20. Was Directional Survey Made?  Yes			
21. Type Electric and Other Logs Run  CBL / Gamma Ray / CCL							
22. Producing Interval(s), of this completion - Top, Bottom, Name  6915-11463, Bone Spring							
<b>23. CASING RECORD (Report all strings set in well)</b>							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
13-3/8"	48#	657	17-1/2"	1420 sx C/C; circ 289 sx			
9-5/8"	36#	1864	12-1/4"	360 sx Econo. HCL, 220 sx Halcem C; circ 0			
		9031	Cmt Plug	1335 sx C/H; circ 0	TOC @ 5500		
5-1/2"	17#	11523	8-3/4"	810 sx Tuned Light, 1250 sx Versacem H; circ 32 sx			
<b>24. LINER RECORD</b>							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN			
<b>25. TUBING RECORD</b>							
SIZE	DEPTH SET		PACKER SET				
	2-3/8" J-55		6544				
26. Perforation record (interval, size, and number)  6915 - 11463, total 400 holes							
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DEPTH INTERVAL 6915-11463</td> <td style="width:50%;">AMOUNT AND KIND MATERIAL USED Acidize and frac in 10 stages. See detailed summary attached.</td> </tr> </table>						DEPTH INTERVAL 6915-11463	AMOUNT AND KIND MATERIAL USED Acidize and frac in 10 stages. See detailed summary attached.
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<b>28. PRODUCTION</b>							
Date First Production  1/12/15		Production Method (Flowing, gas lift, pumping - Size and type pump)  Pumping		Well Status (Prod. or Shut-in)  Producing			
Date of Test  2/3/15	Hours Tested  24	Choke Size	Prod'n For Test Period	Oil - Bbl  175	Gas - MCF  551		
Water - Bbl.  2200		Gas - Oil Ratio  3148.5					
Flow Tubing Press. 266 psi	Casing Pressure 144 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.		
29. Disposition of Gas (Sold, used for fuel, vented, etc.)  Sold							
30. Test Witnessed By							
31. List Attachments  Directional Survey, Logs							
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.							
33. If an on-site burial was used at the well, report the exact location of the on-site burial:							
Latitude		Longitude		NAD 1927 1983			
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief							
Signature <i>Megan Moravec</i>		Printed Name Megan Moravec		Title Regulatory Compliance Analyst			
E-mail Address megan.moravec@dvn.com		Date 2/10/2015					

*MD*  
*2/10/15*

[illegible]OIL OR GAS

N/A

## IMPORTANT WATER SANDS

## tion to which water rose in hole

No. 1 from \_\_\_\_\_ to \_\_\_\_\_

LITHOLOGY RECORD (continued)

					Thickness
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[illegible]