|   | 1 )  |   |   |                                     |                                      |  |  |
|---|--|---|---|-------------------------------------|--------------------------------------|--|--|
| , | Sub-sit 1 Copy To Appropriate District   | State of New M                                      |   | Form C-103                          |                                      |  |  |
|   | Office<br><u>District 1</u> – (575) 393-6161   | 75) 393-6161 Energy, Minerals and Natural Resources |   |                                     | Revised July 18, 2013                |  |  |
|   | 625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   |   |   | WELL API NO.<br>30-015-26928        |                                      |  |  |
|   | 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION  |   |   | 5. Indicate Type of Lea             |                                      |  |  |
|   | <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410                                       | Santa Fe, NM 8                                      |   | STATE FEE                           |                                      |  |  |
|   | <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM                                       | Santa PC, INIVI C                                   | 6. State Oil & Gas Leas                           | se No.                              |                                      |  |  |
|   | 87505  | 7.1   | A   |                                     |                                      |  |  |
|   | SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A |   |   | 7. Lease Name or Unit<br>TODD 231 F |                                      |  |  |
|   | DIFFERENT RESERVOIR. USE "APPLICAT<br>PROPOSALS.)  | 8. Well Number 4                                    |   |                                     |                                      |  |  |
|   | 1. Type of Well: Oil Well 🔲 Ga   |   |   |                                     |                                      |  |  |
|   | 2. Name of Operator  | 9. OGRID Number<br>61                               |   |                                     |                                      |  |  |
|   | 3. Address of Operator   | DEVON ENERGY PRODUCTION COMPANY, LP.                |   |                                     |                                      |  |  |
|   | •  | Γ SHERIDAN AVENUE, OK                               | 10. Pool name or Wildcat<br>INGLE WELLS; DELAWARE |                                     |                                      |  |  |
|   | 4. Well Location   |   |   |                                     |                                      |  |  |
|   | Unit Letter : 1800   | feet from the <u>SOUTH</u>                          | line and90  | 00 feet from the <u>E</u>           | <u>AST</u> line                      |  |  |
|   | Section 23 Tow   | nship 23S Range                                     | BIE NM  | 1PM EDDY County, New                | w Mexico                             |  |  |
|   | 1  | 1. Elevation (Show whether D                        | R, RKB, RT, GR, etc.                              | )                                   |                                      |  |  |
|   |  |   |   |                                     |                                      |  |  |
|   | 12 Check Apr   | propriate Box to Indicate                           | Nature of Notice                                  | Report or Other Data                |                                      |  |  |
|   |  | Sophate Box to indicate                             |   | •                                   |                                      |  |  |
|   |  | NOTICE OF INTENTION TO: SUBSEQ                      |   |                                     |                                      |  |  |
|   |  | PLUG AND ABANDON                                    | REMEDIAL WOR                                      | ··· -                               | ERING CASING 🔲                       |  |  |
|   |  |   | CASING/CEMEN                                      |                                     |                                      |  |  |
|   |  |   | CASING/CEMEN                                      |                                     |                                      |  |  |
|   | CLOSED-LOOP SYSTEM   |   |   |                                     |                                      |  |  |
|   | OTHER:   |   |   | Status Change                       |                                      |  |  |
|   | 13. Describe proposed or complete  | ed operations. (Clearly state al                    | l pertinent details, an                           | d give pertinent dates, inc         | luding estimated date                |  |  |
|   | of starting any proposed work)<br>proposed completion or recom   |   | AC. For Multiple Co                               | inpletions: Attach wendo            | re diagram of                        |  |  |
|   |  |   |   |                                     |                                      |  |  |
|   | <b>Devon Energy Production</b>   | Company I Prespectfully                             | v submits resulted                                | f Bradenhead test for               | compliance                           |  |  |
|   | to the ACOI agreement ag   | proved on December 19.                              | 2016. Test comble                                 | eted 04/10/2018                     | compliance                           |  |  |
|   | ······································   |   |   |                                     |                                      |  |  |
|   |  |   |   | NIK                                 | OIL CONSERVATION<br>ARTESIA DISTRICT |  |  |
|   | Attachment: Bradenhea  | d Results   | HOBBS OC  | n:                                  | ANTEOM DISTRICT                      |  |  |
|   |  |   |   |                                     | JUN 2 1 2018                         |  |  |
|   |  |   | JU 1 2018   |                                     |                                      |  |  |
|   | A. 1 anduction   | RECEIVED  |   |                                     | RECEIVED                             |  |  |
| / | last production<br>8/2015  |   | RECEN   | <b>`</b>                            |                                      |  |  |
|   | B/2010 JU  | L I 8 2018  |   | •                                   |                                      |  |  |
|   | <b>V</b>   |   |   |                                     |                                      |  |  |
|   | DISTRICT   | II-ARTESIA O.C.D.                                   |   |                                     |                                      |  |  |
|   |  |   |   | /                                   |                                      |  |  |
|   | I hereby certify that the information abo  | ove is true and complete to the                     | best of my knowledg                               | ge and belief.                      |                                      |  |  |
|   |  |   |   |                                     |                                      |  |  |
|   | SIGNATURE Grie Works   | nen   | ory Compliance Ana                                |                                     |                                      |  |  |
|   | SIGNATURE  | <u>llyst</u> DATE <u>05/07/</u>                     | 2018  |                                     |                                      |  |  |
|   | pe or print name Erin Workman E-mail address: <u>Erin.workman@dvn.com</u> PHONE: (405)552-7970                     |   |   |                                     |                                      |  |  |
|   | For State Use Only   | 2 man address <u>L1</u>                             |   |                                     | <u> </u>                             |  |  |
|   |  | TITLES 7  | $\Delta$ $\Delta$                                 |                                     | 0 18-18                              |  |  |
|   | APPROVED BY:   |   |   |                                     | // / / / /                           |  |  |
|   | Conditions of America 1/10   |   | The the   | DATE                                | /-/0/0                               |  |  |
|   | Conditions of Approval (if any):   | nn/   |   | DATE                                |                                      |  |  |

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## NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

## **BRADENHEAD TEST REPORT**

(submit 1 copy to above address)

| Date of Test  | 4-10-1         | 8Operator_ | Deron   | API #30 | D-0 NMNINO4                         | <u>10544</u> 4 |  |  |  |  |
|---|----------------|------------|---|---------|-------------------------------------|----------------|--|--|--|--|
| Property Name Todd 23 Well No. 4 Location: Unit 1 Section 23 Township 235 Range 31 E                |                |            |   |         |                                     |                |  |  |  |  |
| Well Status (Shut-In or Producing) Initial PSI: Tubing 🙆 Intermediate MA Casing 74() Bradenhead 3() |                |            |   |         |                                     |                |  |  |  |  |
| OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH                     |                |            |   |         |                                     |                |  |  |  |  |
| PRESSURE<br>Testing Bradenhead INTERM<br>BH Int Csg Int Csg   |                |            | FLOW CHARACTERISTICS<br>BRADENHEAD INTERMEDIATE |         |                                     |                |  |  |  |  |
| TIME 0  | Int Csg<br>240 | Int Csg    | Steady Flow                                     |         |                                     | -              |  |  |  |  |
| 10 min  | 240            |            | Surges  |         |                                     | _              |  |  |  |  |
| 15 min  | 240            |            | Down to Nothing                                 |         | NA                                  | _              |  |  |  |  |
| 20 min  | 249            | ·          | Nothing   |         |                                     | -              |  |  |  |  |
| 25 min  | 240<br>240     |            | Gas   |         | · · · · · · · · · · · · · · · · · · |                |  |  |  |  |
| 30 min [[/  |                |            | Gas & Water                                     |         |                                     | -              |  |  |  |  |
| Water   |                |            |   |         |                                     |                |  |  |  |  |
| If bradenhead flowed water, check all of the descriptions that apply below:                         |                |            |   |         |                                     |                |  |  |  |  |
| 5 MINUTE SHUT-IN PRESSURE BRADENHEAD O INTERMEDIATE NA  |                |            |   |         |                                     |                |  |  |  |  |
| REMARKS: Bled down to zero as son as I opered   |                |            |   |         |                                     |                |  |  |  |  |
| 14  |                |            |   |         |                                     |                |  |  |  |  |
| By Chris Wast Witness   |                |            |   |         |                                     |                |  |  |  |  |
| Asst. Encentran Production<br>(Position)  |                |            |   |         |                                     |                |  |  |  |  |
| E-mail address <u>chastopher</u> , west @ dvn.com   |                |            |   |         |                                     |                |  |  |  |  |
|   |                |            |   |         |                                     |                |  |  |  |  |