

Submit To Appropriate District Office Two Copies 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		AUG 13 2018 State of New Mexico Energy, Minerals and Natural Resources DISTRICT II-ARTESIA O.C.D. Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 Revised August 1, 2011	
		1. WELL API NO. 30-015-44372			
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN			
		3. State Oil & Gas Lease No.			
WELL COMPLETION OR RECOMPLETION REPORT AND LOG					
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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)				5. Lease Name or Unit Agreement Name Onyx PWU 29-28	
				6. Well Number: 11H	
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 Devon Energy Production Company, L.P.				9. OGRID 6137	
10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102				11. Pool name or Wildcat PARKWAY, BONE SPRING; WEST	
12. Location	Unit Ltr	Section	Township	Range	Lot
Surface:	L	29	19S	29E	
BH:	K	28	19S	29E	
13. Date Spudded 11/29/17	14. Date T.D. Reached 2/2/18	15. Date Rig Released 2/5/18		16. Date Completed (Ready to Produce) 5/5/18	
17. Elevations (DF and RKB, RT, GR, etc.) 3310' GL					
18. Total Measured Depth of Well 16743 MD, 9062.27 TVD		19. Plug Back Measured Depth 16636		20. Was Directional Survey Made? Yes	
				21. Type Electric and Other Logs Run CBL	
22. Producing Interval(s), of this completion - Top, Bottom, Name 9224-16591, WEST					
23. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT L.B./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13.375	54.5	190'	24	890 sx CLC ; circ 26	
9.625	36	3496'	12.25	1475 sx CLC; circ 110	
5.5	17	9,245'	8.75	605 sx CLC; circ 117	
5.5	17	16728'	8.5	1,468 sx CLH	
24. LINER RECORD					
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	
			2.875 L-80		
			8690.5		
25. TUBING RECORD					
26. Perforation record (interval, size, and number) 9224 - 16591, total holes			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 9224-16591 Acidize and frac in 24 stages. See detailed summary attached.		
28. PRODUCTION					
Date First Production 5/5/18		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing		Well Status (Prod. or Shut-in) Producing	
Date of Test 6/22/18	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 1899	Gas - MCF 2820
Flow Tubing Press. 588 psi	Casing Pressure 1130 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl. 904
					Gas - Oil Ratio 1484
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	Printed Name		Title		Date
	Erin Workman		Regulatory Analyst		8/10/2018
E-mail Address		Erin.Workman@dvn.com			

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

[illegible]

OIL OR GAS SANDS OR ZONES

No. 1, from.....	N/A	to.....	N/A	No. 3, from.....	N/A	to.....	N/A
No. 2, from.....	N/A	to.....	N/A	No. 4, from.....	N/A	to.....	N/A

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology