

R: 2/20/20

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	<b>RECEIVED</b> <b>JAN 10 2020</b> <b>EMNRD-OCD ARTESIA</b>	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011
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**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

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)						5. Lease Name or Unit Agreement Name <b>LONE TREE DRAW 14-13 STATE COM</b>					
7. Type of Completion: <input checked="" type="checkbox"/> <b>NEW WELL</b> <input type="checkbox"/> <b>WORKOVER</b> <input type="checkbox"/> <b>DEEPENING</b> <input type="checkbox"/> <b>PLUGBACK</b> <input type="checkbox"/> <b>DIFFERENT RESERVOIR</b> <input type="checkbox"/> <b>OTHER</b>						6. Well Number: <b>335H</b>					
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>CARLSBAD; BONE SPRING, EAST</b>					
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
<b>Surface:</b>	<b>M</b>	<b>14</b>	<b>21S</b>	<b>27E</b>		<b>396</b>	<b>South</b>	<b>195</b>	<b>West</b>	<b>EDDY</b>	
<b>BH:</b>	<b>P</b>	<b>13</b>	<b>21S</b>	<b>27E</b>		<b>1305</b>	<b>South</b>	<b>104</b>	<b>East</b>	<b>EDDY</b>	
13. Date Spudded <b>7/28/19</b>	14. Date T.D. Reached <b>8/11/19</b>		15. Date Rig Released <b>8/15/19</b>		16. Date Completed (Ready to Produce) <b>11/21/19</b>			17. Elevations (DF and RKB, RT, GR, etc.) <b>3260 GL</b>			
18. Total Measured Depth of Well <b>19158 MD, 9062 TVD</b>			19. Plug Back Measured Depth <b>19138</b>			20. Was Directional Survey Made? <b>Yes</b>			21. Type Electric and Other Logs Run <b>cement to surface</b>		
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>9154-19126, BONE SPRING, EAST</b>											

**CONFIDENTIAL**

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13.375	54.5	320	17.5	315 SX CLC	
9.625	40	2808	12.25	585 SX CLC	
5.5	20	19143	8.5	2385 SX CLC	

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2.875 L-80	8749.3	

26. Perforation record (interval, size, and number) <b>9154 - 19126, total 804 holes</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL <b>9154-19126</b>	AMOUNT AND KIND MATERIAL USED <b>Acidize and frac in 41 stages. See detailed summary attached.</b>
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**28. PRODUCTION**

Date First Production <b>11/21/19</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>Flowing</b>				Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>	
Date of Test <b>12/3/19</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl <b>1056</b>	Gas - MCF <b>2272</b>	Water - Bbl <b>3797</b>	Gas - Oil Ratio <b>2152</b>
Flow Tubing Press. <b>2403 psi</b>	Casing Pressure <b>485 psi</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )	

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>Sold</b>	30. Test Witnessed By
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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 <b>Erin Workman</b>	Title <b>Regulatory Analyst</b>	Date <b>1/9/2020</b>
E-mail Address <b>Erin.Workman@dvn.com</b>			

