

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

**CONFIDENTIAL**

Form C-103  
 Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-45451
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Bell Lake 19-18 State Com
4. Well Location Unit Letter <u>P</u> : <u>481</u> feet from the <u>South</u> line and <u>1122</u> feet from the <u>East</u> line Section <u>19</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>7H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3540.2'		9. OGRID Number 6137
		10. Pool name or Wildcat TRIPLE X BONE SPRING, WEST WC-025 G-06 S253201M; Upper Bone Spring

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/5/2019-8/17/2019: MIRU WL & PT csg, for 30min, OK . TIH & ran CBL, found TOC @ 4400'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9804'-19,535'. Frac totals: 19,450,880# prop, 534 bbls acid. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTD 19,543'. CHC, FWB, ND BOP. RIH w/ 271jts 2-7/8" L-80 tbg, set @ 9145'. TOP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rebecca Deal TITLE Regulatory Analyst DATE 9/23/2019

Type or print name Rebecca Deal E-mail address: Rebecca.Deal@dmr.com PHONE: 405-228-8429  
**For State Use Only**

APPROVED BY: [Signature] TITLE L.M. DATE 10/8/2019  
 Conditions of Approval (if any):