

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

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-015-29290	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Ore Ida 14 Federal	
8. Well Number	10
9. OGRID Number	
10. Pool name or Wildcat SWD; Bell Canyon	
4. Well Location Unit Letter <u>I</u> : <u>1780</u> feet from the <u>S</u> line and <u>860</u> feet from the <u>E</u> line Section <u>14</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD

2. Name of Operator  
DEVON ENERGY PRODUCTION CO, L.P.

3. Address of Operator  
PO BOX 250, ARTESIA, NM 88211

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 DOWNHOLE COMMINGLE ☐  
 CLOSED-LOOP SYSTEM ☐  
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐  
 OTHER: Bradenhead test ☒

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.

Per annual request, submitting Bradenhead test completed 9/1/2020.

Spud Date:

Rig Release Date:

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

SIGNATURE Denise Menoud TITLE Admin Field Support DATE 12/17/2020

Type or print name Denise Menoud E-mail address: denise.menoud@dvn.com PHONE: 575-746-5544

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

District II - Artesia811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Artesia District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>Devon Energy</b>	API Number <b>30-015-29290</b>
Property Name <b>ORE 10A 14 FEDERAL</b>	Well No. <b>10</b>

Surface Location									
UL - Lot <b>I</b>	Section <b>14</b>	Township <b>T24S</b>	Range <b>R29E</b>		Feet from <b>1780</b>	N/S Line <b>S</b>	Feet From <b>860</b>	E/W Line <b>E</b>	County <b>Eddy</b>

Well Status				
TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>9-1-20</b>

**OBSERVED DATA**

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>			<b>0</b>	<b>1008</b>
<b>Flow Characteristics</b>					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 _____
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR _____
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS _____
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR <b>N/A</b>	FRESH <b>N/A</b>	SALTY <b>N/A</b>	SULFUR <b>N/A</b>	BLACK <b>N/A</b>
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <b>Walter Marler</b> <b>Walter Marler</b> 575-513-8069	<b>OIL CONSERVATION DIVISION</b>
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date:	Phone: 575-626-0836
	Witness:

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**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 12446

**CONDITIONS OF APPROVAL**

Operator: DEVON ENERGY PRODUCTION COMPAN			333 West Sheridan Ave.	Oklahoma City, OK73102	OGRID: 6137	Action Number: 12446	Action Type: C-103Z
OCD Reviewer					Condition		
ksimmons					None		