

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

Rec'd 05/28/2020 - NMOCD

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-20341
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 Todd 36 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Ingle Wells, Delaware

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SWD	
2. Name of Operator DEVON ENERGY PRODUCTION CO LP	
3. Address of Operator PO BOX 250, ARTESIA, NM 88210	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>36</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3499.4' GR	

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

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

Please see attached MIT completed 5/4/2020 which started at 0, pressured up to 510#, ran over 30 minutes, and ended at 500#. This was a scheduled test only.

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 5/28/2020

Type or print name DENISE MENOUD E-mail address: denise.menoud@dvn.com PHONE: (575)746-5544  
**For State Use Only**

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 5/29/2020  
Conditions of Approval (if any):

Submitted 5/19/20

**District II - Artesia**811 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>30-015-20341</b>
Property Name <b>TODD 36 State</b>	Well No. <b>1 SWD</b>

**7. Surface Location**

UL - Lot <b>F</b>	Section <b>36</b>	Township <b>T23S</b>	Range <b>R-31E</b>	Feet from <b>1980'</b>	N/S Line <b>N</b>	Feet From <b>1980'</b>	E/W Line <b>W</b>	County <b>EDDY</b>
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**Well Status**

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>5-4-2020</b>
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**OBSERVED DATA**

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Pull	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	If applicable type
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	Fluid injected for
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood

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

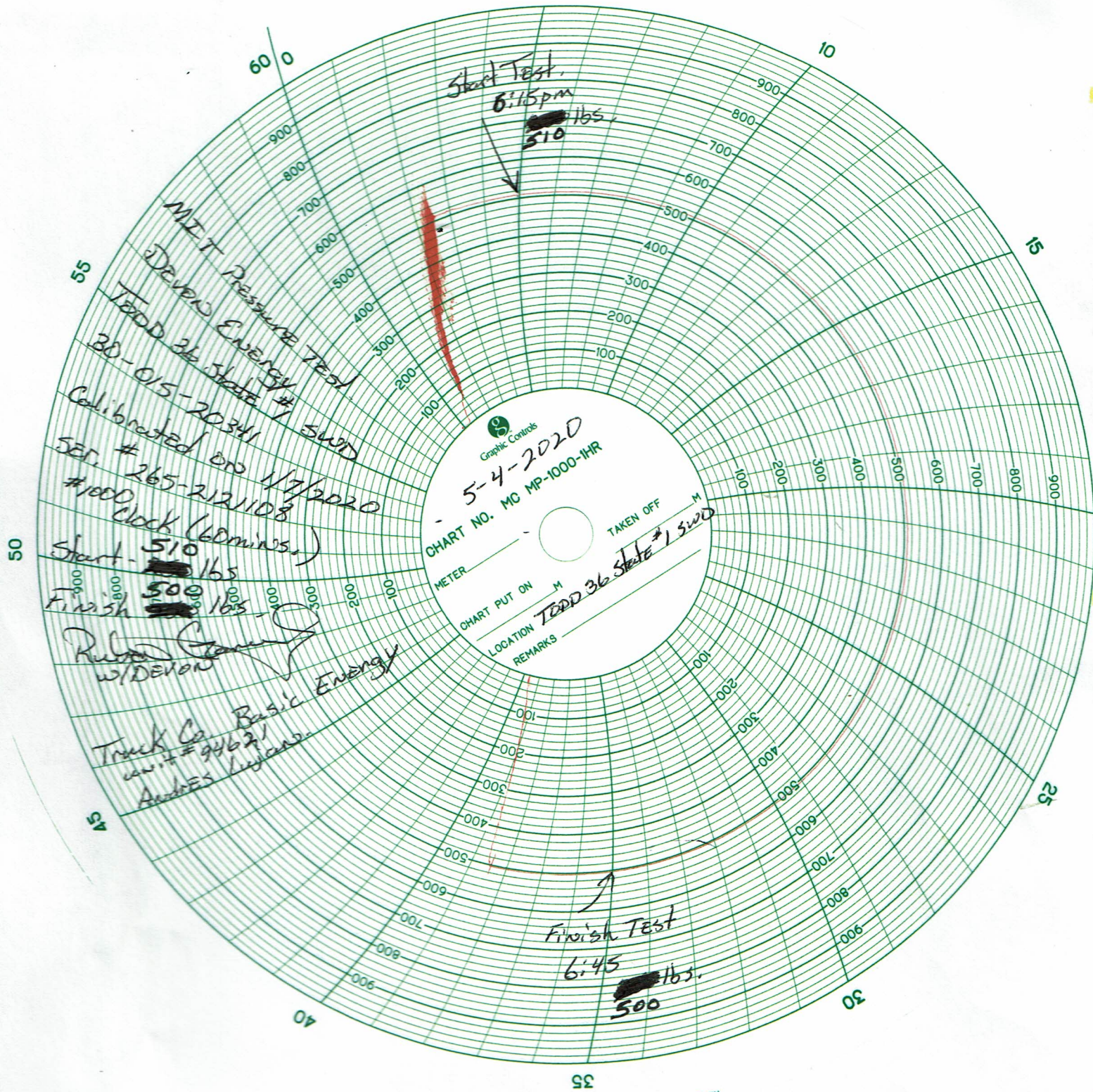
CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

<p>Oil or Gas</p> <p>Steady Flow</p> <p>Bled down to nothing</p> <p>Bled to well</p> <p>Pressure must stabilize to the result of opening the valves for each string.</p> <p>Record pressure on each string and casing string on BHT form.</p> <p>Check gauges.</p>
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Signature:	<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:	

Ruben Garcia.



# AMI

## Calibration Certificate

**Company Name:** Basic Energy

**Calibration Date:** 01/07/2020

**Recorder Type:** Barton

**Recorder Serial Number:** 265-2121108

**Recorder Pressure Range:** 0-1000 psi

**Accuracy +/-** 0.2% PSIG

**Recorder Temperature Range:** \_\_\_\_\_

**Accuracy +/-:** 1% Deg F

**Increasing Pressure:**

Applied Pressure	Indicated Pressure	Error %
0.0#	0.0#	0
100#	100#	0
300#	300#	0
500#	500#	0
700#	700#	0
1000#	1000#	0

**Decreasing Pressure:**

Applied Pressure	Indicated Pressure	Error %
800#	800#	0
600#	600#	0
400#	400#	0
200#	200#	0
0#	0#	0

**Temperature Test (F):**

Applied Temperature	Indicated Temperature	Error %

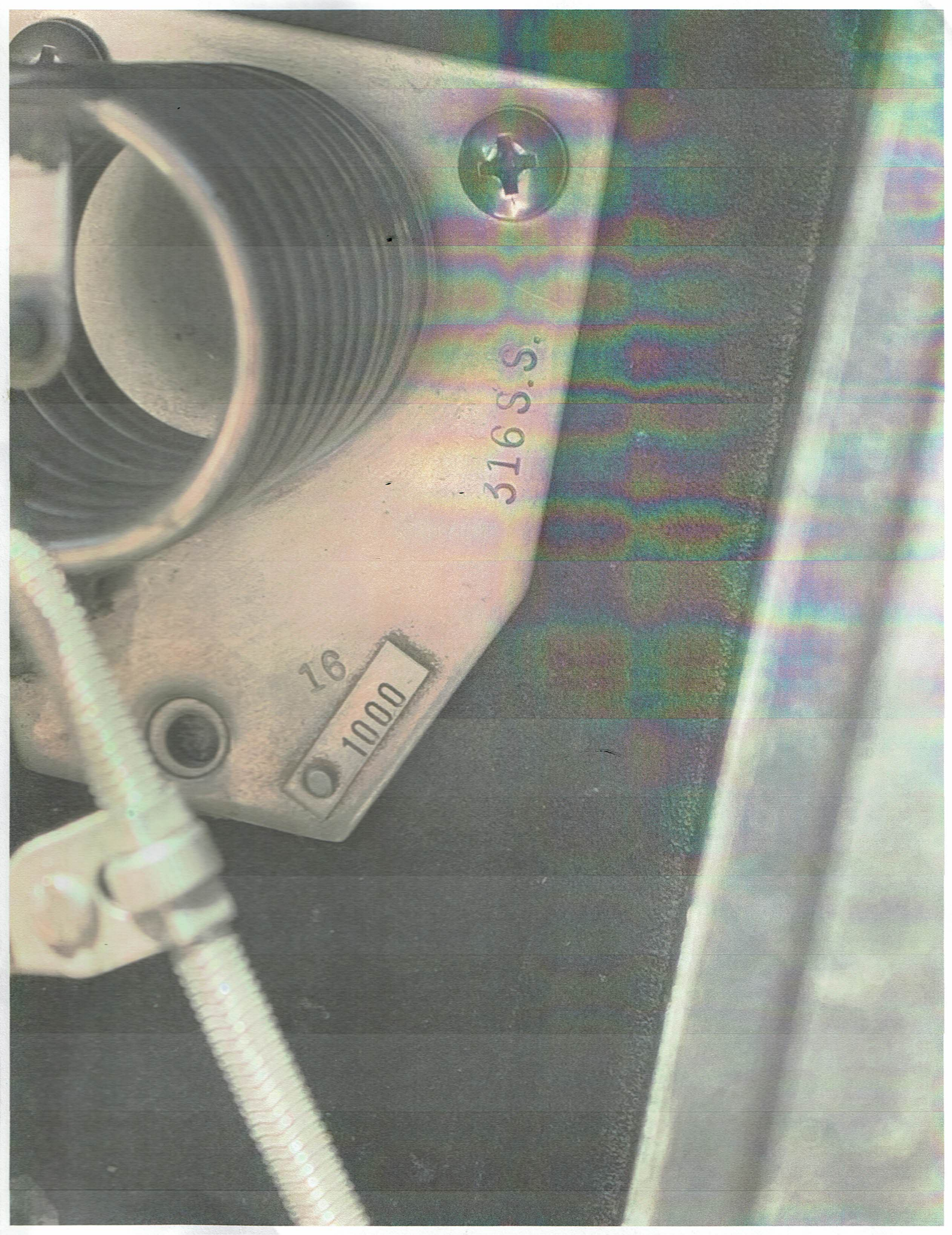
This is to certify that this instrument has been inspected and calibrated using a certified 10,000 psi Crystal Gauge.

Calibrated By: Craig Sutherland

Field Tech

Signed by: LB Admin

AMI  
416 E. Main Street  
Artesia, NM 88210  
(575)746-3481



316 S.S.

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