

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

State of New Mexico  
Energy, Minerals & Natural Resources

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

HOBBS OCD

MAY 27 2015

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

Form C-104  
Revised August 1, 2011

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Devon Energy Production Company, L.P. 333 West Sheridan, Oklahoma City, OK 73102		<sup>2</sup> OGRID Number 6137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW / 4/24/15
<sup>4</sup> API Number 30-025-41914	<sup>5</sup> Pool Name Cruz; Bone Spring	<sup>6</sup> Pool Code 14865
<sup>7</sup> Property Code 313357	<sup>8</sup> Property Name Horned Viper 20 Federal	<sup>9</sup> Well Number 2H

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	20	23S	33E		200	South	1300	West	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	20	23S	33E		330	North	660	West	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 4/24/15	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
92591	Western Refining Company, L.P. 6500 Trowbridge Drive El Paso, TX 79905	Oil
036785	Agave Energy 105 S 4th Street Artesia, NM 88210	Gas

IV. Well Completion Data

<sup>21</sup> Spud Date 1/4/15	<sup>22</sup> Ready Date 4/24/15	<sup>23</sup> TD 15850	<sup>24</sup> PBDT 15797	<sup>25</sup> Perforations 11227 - 15751	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size 17-1/2"	<sup>28</sup> Casing & Tubing Size 13-3/8"	<sup>29</sup> Depth Set 1426	<sup>30</sup> Sacks Cement 1116 sx Cement; Circ 288 sx		
12-1/4"	9-5/8"	5100	2720 sx CIC; Circ 0		
8-3/4"	5-1/2" + 7"	15850	1695 sx Cement; Circ 0		
	Tubing: 2-7/8"	10621			

V. Well Test Data

<sup>31</sup> Date New Oil 5/5/15	<sup>32</sup> Gas Delivery Date 5/5/15	<sup>33</sup> Test Date 5/5/15	<sup>34</sup> Test Length 24 hrs	<sup>35</sup> Tbg. Pressure 1400 psi	<sup>36</sup> Csg. Pressure 0 psi
<sup>37</sup> Choke Size	<sup>38</sup> Oil 873 bbl	<sup>39</sup> Water 1920 bbl	<sup>40</sup> Gas 1074 mcf		<sup>41</sup> Test Method

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

*Lucretia Morris*

Printed name:

Lucretia Morris

Title:

Regulatory Compliance Analyst

E-mail Address:

lucretia.morris@dmv.com

Date:

5/26/2015

Phone:

405-532-3303

OIL CONSERVATION DIVISION

Approved by:

*[Signature]*

Title:

Petroleum Engineer

Approval Date:

05/29/15

Recomp \_\_\_\_\_ Add New Well \_\_\_\_\_  
Cancl Well \_\_\_\_\_ Create Pool \_\_\_\_\_  
E-PERMITTING - - New Well \_\_\_\_\_  
Comp *PM* P&A \_\_\_\_\_ TA \_\_\_\_\_  
CSNG *PM* Loc Chng \_\_\_\_\_  
ReComp \_\_\_\_\_ Add New Well \_\_\_\_\_

JUN 02 2015

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
***Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***5. Lease Serial No.  
NMNM94187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
HORNED VIPER 20 FEDERAL 2H9. API Well No.  
30-025-4191410. Field and Pool, or Exploratory  
CRUZ; BONE SPRING11. County or Parish, and State  
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
DEVON ENERGY PRODUCTION CO LP  
Contact: LUCRETIA A MORRIS  
Email: Lucretia.Morris@dmn.com3a. Address  
333 WEST SHERIDAN AVENUE  
OKLAHOMA CITY, OK 731023b. Phone No. (include area code)  
Ph: 405-552-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 20 T23S R33E SWSW 200FSL 1300FWL

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(1/4/15-1/7/15) Spud @ 08:30. TD 17-1/2? hole @ 1426?. RIH w/ 35 jts 13-3/8? 48# H-40 ST&C csg, set @ 1426?. Lead w/ 766 sx cmt, yld 1.73 cu ft/sk. Tail w/ 350 sx cmt, yld 1.34 cu ft/sk. Displ w/ 219 bbls FW. Circ 288 sx cmt to surf. PT BOPE @ 250/3000 psi, OK. PT csg to 1211 psi, OK.

(1/12/15-1/15/15) TD 12-1/4? hole @ 5120?. RIH w/ 113 jts 9-5/8? 40# HCK-55 BT csg, set @ 5100.4?. Lead w/ 2110 sx CIC cmt, yld 1.73 cu ft/sk. Tail w/ 610 sx CIC cmt, yld 1.38 cu ft/sk. Disp w/ 383 bbls FW. PT csg to 2446 psi for 30 min, OK.

(1/27/15-2/1/15) TD 8-3/4? hole @ 15850?. PT BOPE @ 250/3000 psi, held each test for 10 min, OK. RIH w/ 118 jts 5-1/2? 17# P-110 BTC csg and 240 jts 7? 29# P-110 BTC csg, set @ 15849.6?. Lead w/ 470 sx cmt, yld 3.81 cu ft/sk. Tail w/ 1225 sx cmt, yld 1.28 cu ft/sk. Displ w/ 515 bbls FW. RR @ 06:00.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #295195 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs**

Name (Printed/Typed) LUCRETIA A MORRIS

Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission)

Date 03/17/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

5. Lease Serial No. BHL: NMNM94187

6. If Indian, Allottee or Tribe Name

**SUNDRY NOTICES AND REPORTS ON WELLS**  
***Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APD) for such proposals.***

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.  
Horned Viper 20 Federal 2H

2. Name of Operator  
Devon Energy Production Company, L.P.

9. API Well No.  
30-025-41914

3a. Address  
333 West Sheridan, Oklahoma City, OK 73102

3b. Phone No. (include area code)  
405-228-4248

10. Field and Pool or Exploratory Area  
Cruz; Bone Spring

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
200' FSL & 1300' FWL Unit M, Sec 20, T23S, R33E  
330' FNL & 660' FWL Unit D, Sec 20, T23S, R33E

PP: 200' FSL & 1300' FWL

11. Country or Parish, State  
Lea, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Completion Report</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

3/13/15-4/24/15: MIRU WL & PT. TIH & ran CBL, found TOC @ 5015'. TIH w/pump through frac plug and guns. Perf 2nd Bone Spring, 11227'-15751', total 490 holes. Frac'd 11227'-15751' in 14 stages. Frac totals 35,307 gals 15% HCL Acid, 1,204,922# 100 Mesh White, 4,834,627# 30/50 White, 644,880# 20/40 Black Ultra. ND frac, MIRU PU, NU BOP, DO plugs @ CO to PBTB 15770'. CHC, FWB, ND BOP. RIH w/333 jts 2-7/8" L-80 tbg, set @ 10621.4'. TOP.

14. I hereby certify that the foregoing is true and correct.  
Name (Printed/Typed)

Lucretia Morris

Title Regulatory Compliance Analyst

Signature

*Lucretia Morris*

Date 5/26/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

HOBBS OGD

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

MAY 27 2015

FORM APPROVED  
OMB NO. 1004-0137  
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other 1b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resrv., Other: _____						5. Lease Serial No. <b>BHL: NMNM94187</b>			
2. Name of Operator <b>Devon Energy Production Company, L.P.</b>						6. If Indian, Allottee or Tribe Name _____			
3. Address <b>333 West Sheridan Ave, Oklahoma City, OK 73102</b>				3a. Phone No. (include area code) <b>405-228-4248</b>		7. Unit or CA Agreement Name and No. _____			
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  At surface <b>200' FSL &amp; 1300' FWL Unit M, Sec 20, T23S, R33E</b>  At top prod. interval reported below  At total depth <b>330' FNL &amp; 660' FWL Unit D, Sec 20, T23S, R33E</b>						8. Lease Name and Well No. <b>Horned Viper 20 Federal 2H</b> 9. AFI Well No. <b>30-025-41914</b> 10. Field and Pool or Exploratory <b>Cruz; Bone Spring</b> 11. Sec., T., R., M., on Block and Survey or Area <b>Sec 20, T23S, R33E</b> 12. County or Parish <b>Lea</b> 13. State <b>NM</b>			
14. Date Spudded <b>1/4/15</b>		15. Date T.D. Reached <b>1/27/15</b>		16. Date Completed <b>4/24/15</b> <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* <b>GL: 3706.8</b>			
18. Total Depth: MD <b>15850</b> TVD <b>11043.83</b>		19. Plug Back T.D.: MD <b>15797</b> TVD _____		20. Depth Bridge Plug Set: MD _____ TVD _____					
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) <b>Sector / VDL / Gamma Ray / CCL</b>				22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)					
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17-1/2"	13-3/8" H-40	48#	0	1426		1116 sx Cement		0	288 sx
12-1/4"	9-5/8" HCK-55	40#	0	5100		2720 sx C/C		0	
8-3/4"	5-1/2" + 7" P-110	17# + 29#	0	15850		1695 sx Cement		5015	
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2-7/8"	10621								
25. Producing Intervals					26. Perforation Record				
Formation		Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status	
A) 2nd Bone Spring		11227	15751	11227 - 15751			490	open	
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, etc.									
Depth Interval		Amount and Type of Material							
11227 - 15751		35,307 gals 15% HCl Acid, 1,204,922# 100 Mesh White, 4,834,627# 30/50 White, 644,880# 20/40 Black Ultra							
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
4/24/15	5/5/15	24	→	873	1074	1920			Flow
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. Opsi	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
	1400psi		→				1230.24		
28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. Opsi	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

\*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

SOLD

30. Summary of Porous Zones (Include Aquifers):  Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.	31. Formation (Log) Markers
--	-----------------------------

Formation	Top	Bottom	Descriptions. Contents, etc.	Name	Top
					Meas. Depth
2nd Bone Spring	10735	12262		2nd Bone Spring	10735

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

<input checked="" type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.)	<input type="checkbox"/> Geologic Report	<input type="checkbox"/> DST Report	<input checked="" type="checkbox"/> Directional Survey
<input type="checkbox"/> Sundry Notice for plugging and cement verification	<input type="checkbox"/> Core Analysis	<input type="checkbox"/> Other:	

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print)	Lucretia Morris	Title	Regulatory Compliance Analyst
Signature	<i>Lucretia Morris</i>	Date	5/26/2015

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(Continued on page 3)

(Form 3160-4, page 2)