Submit 1 Copy To Appropriate District	Form C 102
Office	Form C-103 Revised August 1, 2011
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 BBS	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 QIL CONSERVATION DIVIS	ION 30-025-43451
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease STATE STATE FEE
$\frac{\text{District III}}{\text{District IV}} = (505) 334-6178$ $\frac{\text{AUG } 16}{1220} \text{ South St. Francis Dr.}$ $\frac{\text{AUG } 16}{1220} \text{ South St. Francis Dr.}$ $\frac{\text{AUG } 16}{1220} \text{ South St. Francis Dr.}$ $\frac{\text{RECEIV Santa Fe, NM } 87505}{\text{RECEIV Santa Fe, NM } 87505}$	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	Thistle Unit
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other	8. Well Number 118H
2. Name of Operator Devon Energy Production Company, L.P.	9. OGRID Number / 6137
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102	10. Pool name or Wildcat
4. Well Location	Triple X; Bone Spring
	he and 2199 feet from the West line
Section 34 Township 23S Range	33E NMPM County Lea
11. Elevation (Show whether DR, RKB, R	
GL: 3649.6	
	SUBSEQUENT REPORT OF: DIAL WORK ALTERING CASING ENCE DRILLING OPNS. P AND A G/CEMENT JOB I
	R: Completion
 13. Describe proposed or completed operations. (Clearly state all pertinent of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For M proposed completion or recompletion. 	details, and give pertinent dates, including estimated date
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l/30/17-6/30/17: MIRU WL & PT. TIH & ran CBL, found ETOC @ 9350' - tested good. TIH w/pump through frac plug and guns. Perf Bone Spring, 10,200'-17,165'. Frac totals 21,168gal acid, 10,449,660# prop. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTD 17,184'. CHC, FWB, ND BOP. RIH w/300 jts 2-7/8" L-80 tbg, set @ 9431'. TOP.	
I hereby certify that the information above is true and complete to the best of my	knowledge and belief.
SIGNATURE CHARLENDE TITLE Regulatory Ana	alystDATE_ 7/24/2017
Type or print name Rebecca Deal E-mail address:	PHONE: 405-228-8429
For State Use Only	leum Engineer

APPROVED BY: Conditions of Approval (if any):

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