

District II - Artesia811 S. 1st 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

HOBBS OCD
NOV 13 2019
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy</i>		API Number <i>30-025-41524</i>
Property Name <i>Cotton Draw 32 State 2 SWD</i>		Well No. <i>002</i>

Surface Location

UL - Lot <i>P</i>	Section <i>32</i>	Township <i>24</i>	Range <i>32</i>	Feet from <i>1180</i>	N/S Line	Feet From <i>1000</i>	E/W Line	County <i>Lea</i>
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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 <i>11-8-19</i>
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OBSERVED DATA

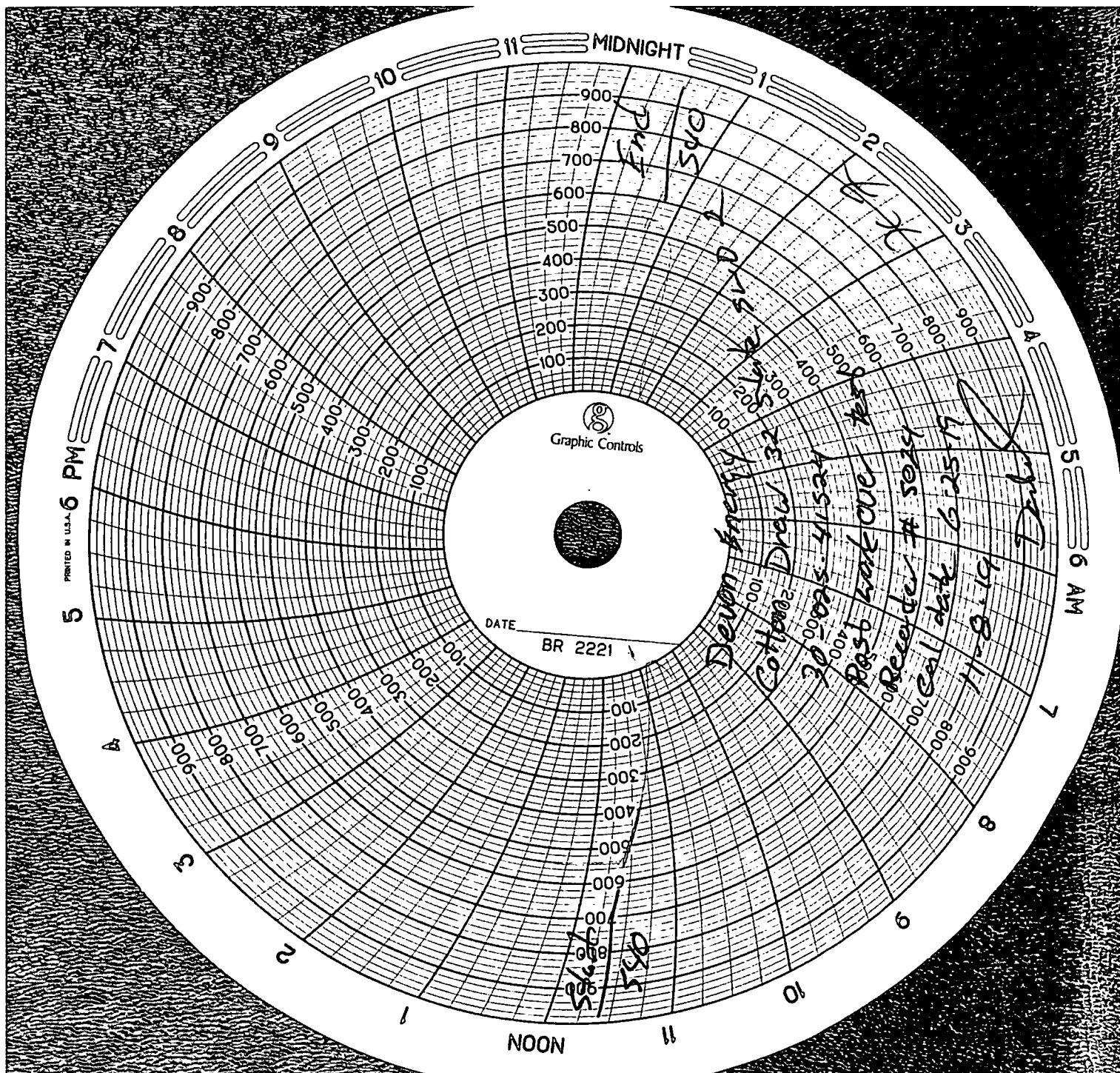
	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Puff	Y/ N	Y/ N	Y/ N	Y/ N	CO2 _____
Steady Flow	Y/ N	Y/ N	Y/ N	Y/ N	WTR _____
Surges	Y/ N	Y/ N	Y/ N	Y/ N	GAS _____
Down to nothing	Y/ N	Y/ N	Y/ N	Y/ N	If applicable type
Gas or Oil	Y/ N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

Signature: <i>Danny Smolik</i>		OIL CONSERVATION DIVISION	
Printed name: Danny Smolik		Entered RBDMS	
Title: Compliance Office O		Re-test	
E-mail Address: danny.smolik@state.nm.us		<i>KJ</i>	
Date: <i>11-8-19</i>	Phone: 575-626-0836		
Witness:			



DEVON ENERGY PRODUCTION COMPANY LP

Well Name: COTTON DRAW 32 STATE SWD #2		Field: PADUCA SOUTH	
Location: 1180' FSL & 1000' FEL; SEC 32-T24S-R32E		County: LEA	State: NM
Elevation: 3502.70' KB; 3477.70' GL; 25' KB to GL		Spud Date: 11/18/15	Compl Date: 4/20/16
API#: 30-025-41524	Prepared by: Roy Hathcock	Date: 11/5/19	Rev: Post Tieback

PRESENT WELLBORE

26" Hole

20", 94#, J55, BTC, @ 800'

Cmt'd w/1700 sx, circ cmt to surface

TOC @ 3,500' - CBL (1/24/16)

18-1/8" Hole

16", 97#, NT80DE, BTC, @ 4,551'

Cmt'd w/2375 sx, circ cmt to surface

7-5/8" 29.7# P110EC SLIJ-2, tieback @ 11,354'

9-5/8" x 5-1/2" VersaFlex Liner Hanger/Packer @ 11,354'

7" Liner Hanger @ 11,391'

unable to set hanger, set liner weight on bottom.

Performed positive/neg liner test. Good test. -1/18/16

14-3/4" hole to 8,816'

12-1/4" hole to 12,115'

9-5/8", 47#, P-110HC, BTC, @ 12,115'

Cmt'd w/3200 sx. TOC @ 3,500'-CBL, per wellview

5-1/2" 17.00# P110HC Liberty FJM, liner @ 16,947'

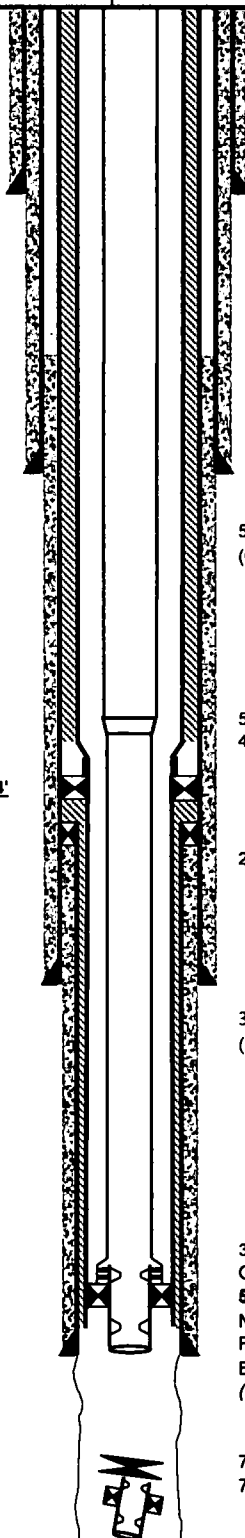
8-1/2" Hole

7", 32#, P-110HC, BTC, liner bottom @ 16,962'

Cmt'd w/775 sx

DEVONIAN/SILURIAN/ORDOVICIAN

6" Open Hole 16,962' - 18,550'



5-1/2" 17# P110 BTC TK lined tubing,
(Conn OD 6.30", Pipe ID 4.892", lined ID 4.625")

5-1/2" x 4-1/2" inconel crossover @ 11,275'
4-1/2" x 3-1/2" inconel crossover @ 11,276'

2% inhibited KCl packer fluid (8.5 ppg)

3-1/2" 9.30# L80 EUE 8rd TK lined tubing, w/Spec. Clear. Cplgs
(Conn OD 4.18", Pipe ID 2.992", lined ID 2.752")

3-1/2" x 2-7/8" inconel crossover @ 16,929'
On/Off Nipple*: 2.313" "X" @ 16,930'
5-1/2" ASI-X 10K Pkr* @ 16,931'
Nipple*: 2.313" "XN" (Min ID = 2.205") @ 16,949'
Pump out plug*: 16,950'
End of Packer Assembly: 16,951'
(*) equipment below x-over is all nickel plated

7" CBP stump pushed to 18,412'

7" Ultra Pak Pkr assembly (~40'): pushed to 18,443'

18,550' MD
18,449' TVD

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-41527/4
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 Cotton Draw 32 State SWD
8. Well Number 2
9. OGRID Number
10. Pool name or Wildcat SWD; DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3477.7

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 10-1) FOR SUCH PROPOSALS.)

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

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

3. Address of Operator
333 W. Sheridan Ave. Oklahoma City, OK 73102

4. Well Location
Unit Letter P : 1180 feet from the SOUTH line and 1000 feet from the EAST line
Section 32 Township 24S Range 32E NMPM LEA County

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: MECHANICAL INTEGRITY TEST <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.

Devon Energy Production Co., L.P. (Devon) respectfully reports the MIT post workover has been conducted and passed 11-8-2019. Packer was released. Please see attachments.

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 Jenny Harms TITLE Regulatory Specialist DATE 11-12-2019

Type or print name Jenny Harms E-mail address: Jenny.harms@dmn.com PHONE: 405-552-6560

For State Use Only

APPROVED BY: Kerry Forth TITLE C.O. A DATE 11-15-19
Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD
Deputy Secretary

Gabriel Wade, Acting Director
Oil Conservation Division



Date: 11-8-19

API# 30-025-41524

A Mechanical Integrity Test (M.I.T.) was performed on, Well Cotton Draw 32 State 2 SWD

X M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCOnline.htm 7 to 10 days after postdating.

___ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

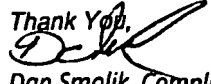
___ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

___ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

___ M.I.T. is successful, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact Rusty Klein at 575-748-1283 x109 for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You,

Dan Smolik, Compliance Officer
EMNRD-O.C.D.
District II - Artesia, NM