

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other b. 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. Resvr. Other _____				5. Lease Serial No. NMLC061863A	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY Contact: JENNIFER HARMS jennifer.harms@devn.com				6. If Indian, Allottee or Tribe Name	
3. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102				7. Unit or CA Agreement Name and No.	
3a. Phone No. (include area code) Ph: 405-552-6560				8. Lease Name and Well No. LIPPIZZAN 4 FED 2H	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 33 T24S R32E Mer NMP SESW 170FSL 2190FWL 32.167183 N Lat, 103.681046 W Lon At top prod interval reported below 100FNL 2332FWL 32.167458 N Lat, 103.681114 W Lon Sec 4 T25S R32E Mer NMP At total depth SESW 20FSL 2332FWL 32.152260 N Lat, 103.681099 W Lon				9. API Well No. 30-025-45838-00-X1	
10. Field and Pool, or Exploratory WILDCAT				11. Sec., T., R., M., or Block and Survey or Area Sec 33 T24S R32E Mer NMP	
12. County or Parish LEA				13. State NM	
14. Date Spudded 07/21/2019		15. Date T.D. Reached 08/03/2019		16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. 10/20/2019	
17. Elevations (DF, KB, RT, GL)* 3493 GL					
18. Total Depth: MD 15527 TVD 10423		19. Plug Back T.D.: MD TVD		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMARAY CBL				22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)	

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
17.500	13.375 J-55	54.5		943		970		0	
12.250	9.625 J-55	40.0		4952		675			
8.750	5.500 P110RY	17.0		13608					
8.500	5.500 P110RY	17.0		15515		1440		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	9998							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	10600	15500	10600 TO 15500	0.000	704	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
10600 TO 15500	FRAC TOTALS 7613710 # PROP, 127661 BBLs FLUID, 119 BBLs ACID

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
11/07/2019	11/17/2019	24		1628.0	2905.0	2332.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
				1628	2905	2332	1784	POW	

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.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #497121 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

PM

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(*Sold, 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
RUSTLER SALADO DELAWARE BONE SPRING	807 1120 4697 8617			RUSTLER SALADO DELAWARE BONE SPRING	807 1120 4697 8617

32. Additional remarks (include plugging procedure):

As drilled C-102 AND DIRECTIONAL SURVEY ARE ATTACHED.

LOGS HAVE BEEN SENT BY FED EX.

9/28/2019-10/7/2019: MIRU WL & PT. TIH & ran CBL, TOC @ 0'. TIH w/pump through frac plug and guns. Perf Bonespring,

10600-15500, total 704 holes. Frac'd 10600-15500, in 21 stages. Frac totals 7613710 #

PROP, 127661 BBLs FLUID, 119 BBLs ACID

ND frac, MIRU PU, NU BOP, DO plugs & CO to landing collar: 15510' MD. CHC, FWB, ND BOP.

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7 Other: | |

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

Electronic Submission #497121 Verified by the BLM Well Information System.

For DEVON ENERGY PRODUCTION COMPAN, sent to the Hobbs

Committed to AFMSS for processing by CHRISTOPHER WALLS on 04/16/2020 (20CRW0045SE)

Name(*please print*) JENNIFER HARMS

Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission)

Date 12/30/2019

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.

**** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ****

Additional data for transaction #497121 that would not fit on the form

32. Additional remarks, continued

Tubing set @9998', 2-7/8", L-80.

Revisions to Operator-Submitted EC Data for Well Completion #497121

	Operator Submitted	BLM Revised (AFMSS)
Lease:	NMLC061863A	NMLC061863A
Agreement:		
Operator:	DEVON ENERGY PRODUCTION COMPAN 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102 Ph: 405-552-6560	DEVON ENERGY PRODUCTION COMPAN 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102 Ph: 4055526571
Admin Contact:	JENNIFER HARMS REGULATORY COMPLIANCE ANALYST E-Mail: jennifer.harms@dnv.com Ph: 405-552-6560	JENNIFER HARMS REGULATORY COMPLIANCE ANALYST E-Mail: jennifer.harms@dnv.com Ph: 405-552-6560
Tech Contact:	JENNIFER HARMS REGULATORY COMPLIANCE ANALYST E-Mail: jennifer.harms@dnv.com Ph: 405-552-6560	JENNIFER HARMS REGULATORY COMPLIANCE ANALYST E-Mail: jennifer.harms@dnv.com Ph: 405-552-6560
Well Name: Number:	LIPPIZZAN 4 FED 2H	LIPPIZZAN 4 FED 2H
Location: State: County: S/T/R: Surf Loc:	NM LEA Sec 33 T24S R32E Mer SESW 170FSL 2190FWL 32.166719 N Lat, 103.679585 W Lon	NM LEA Sec 33 T24S R32E Mer NMP SESW 170FSL 2190FWL 32.167183 N Lat, 103.681046 W Lon
Field/Pool:	WC-025 G-06 S253206M; BON	WILDCAT
Logs Run:	GAMMA RAY, CBL	GAMMARAY CBL
Producing Intervals - Formations:	BONESPRING	BONE SPRING
Porous Zones:	RUSTLER SALADO DELAWARE BONESPRING	RUSTLER SALADO DELAWARE BONE SPRING
Markers:	RUSTLER SALADO DELAWARE BONESPRING	RUSTLER SALADO DELAWARE BONE SPRING

Harms, Jenny

From: cwalls@blm.gov
Sent: Thursday, April 16, 2020 2:50 PM
To: Harms, Jenny
Subject: Well LIPPIZZAN 4 FED 2H
Attachments: EC497121.pdf

The Completion Report you submitted has been accepted by the BLM. Your original Electronic Commerce (EC) transmission was assigned ID 497121. Please be sure to open and save all attachments to this message, since they contain important information.