
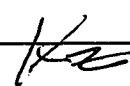


Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 Revised August 1, 2011				
MAY 27 2014 RECEIVED		1. WELL API NO. 30-025-41254		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		3. State Oil & Gas Lease No.				
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				5. Lease Name or Unit Agreement Name Thistle Unit 6. Well Number: 49H						
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator Devon Energy Production Company, L.P.				9. OGRID 6137						
10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102				11. Pool name or Wildcat Triple X; Bone Spring						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	0	34	23S	33E		280	South	2611	West	Lea
BH:	0	34	23S	33E		320 390	North	2045 2041	East	Lea
13. Date Spudded 12/14/13	14. Date T.D. Reached 1/2/14	15. Date Rig Released 1/6/14		16. Date Completed (Ready to Produce) 2/16/14		17. Elevations (DF and RKB, RT, GR, etc.) 3639 GL				
18. Total Measured Depth of Well 16178 MD, 11190 TVD		19. Plug Back Measured Depth 16094		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run Radial Cement Bond Gamma Ray CCL log, and				
22. Producing Interval(s), of this completion - Top, Bottom, Name 11609-16011, Bone Spring										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED					
13.375	54.5#	1450	17.5	1160 sx C; circ 112 bbls						
9.625	40#	5273	12.25	1460 sx C; circ 53 sx						
5.5	17#	16142	8.75	2345 sx H; circ 0						
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD					
					SIZE	DEPTH SET	PACKER SET			
					2.875 L-80	10798				
26. Perforation record (interval, size, and number) 11609 - 16011, total 450 holes				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 11609-16011 Acidize and frac in 10 stages. See detailed summary attached.						
28. PRODUCTION										
Date First Production 2/16/14		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing			Well Status (Prod. or Shut-in) Producing					
Date of Test 2/8/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 323	Gas - MCF 388	Water - Bbl. 1832	Gas - Oil Ratio 1201			
Flow Tubing Press. 2050 psi	Casing Pressure 0 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold						30. Test Witnessed By				
31. List Attachments Directional Survey, Logs										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude				Longitude		NAD 1927 1983				
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature 		Printed Name Tami Shipley		Title Regulatory Compliance Analyst		Date 5/19/2014				
E-mail Address tami.shipley@dvn.com										

JUL 01 2014

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

[illegible]

OIL OR GAS SANDS OR ZONES

No. 1, from..... N/A to..... N/A
No. 2, from..... N/A to..... N/A

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet.....

No. 2, from to feet.....

No. 3, from to feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology