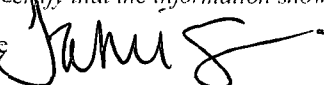


Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>		<b>Form C-105</b> Revised August 1, 2011	
		1. WELL API NO. 30-025-41302			
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN			
		3. State Oil & Gas Lease No.			
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>					
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 <b>HOBBS OGD</b>	
				6. Well Number:                      50H  <div style="text-align: right;"><b>JUN 25 2014</b></div>	
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 <b>RECEIVED</b>	
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
Surface:	0	34	23S	33E	
BH:	0	34	23S	33E	
13. Date Spudded 1/12/14	14. Date T.D. Reached 2/1/14	15. Date Rig Released 2/5/14		16. Date Completed (Ready to Produce) 4/3/14	
				17. Elevations (DF and RKB, RT, GR, etc.) 3633.2 GL	
18. Total Measured Depth of Well 15903 MD, 11288 TVD		19. Plug Back Measured Depth 15846		20. Was Directional Survey Made? Yes	
				21. Type Electric and Other Logs Run Gamma Ray	
22. Producing Interval(s), of this completion - Top, Bottom, Name 11361-15763, Bone Spring					
<b>23. CASING RECORD (Report all strings set in well)</b>					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13.375	48	1415	17.5	1760 sx C; circ 266.5 bbl	
9.625	40	5360	12.25	1140 sx H; 430 sx C; circ 42 bbl	TOC @ 3904
5.5	17	15903	8.75	1760 sx C; circ 0	
24. LINER RECORD			25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE
					2.875 L80
					10779
26. Perforation record (interval, size, and number) 11361 - 15763, total 500 holes			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED 11361-15763    Acidize and frac in 10 stages. See detailed summary attached.		
<b>28. PRODUCTION</b>					
Date First Production 4/3/14		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping		Well Status (Prod. or Shut-in) Producing	
Date of Test 4/10/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 259	Gas - MCF 375
				Water - Bbl. 1886	Gas - Oil Ratio 1448
Flow Tubing Press. 1850 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    6/24/2014	
E-mail Address    tami.shipley@dvn.com					

**JUL 08 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. 3, from.....	N/A	to.....	N/A
No. 2, from.....	N/A	to.....	N/A	No. 4, 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

From	To	Thickness In Feet	Lithology