

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						
APR 15 2014 RECEIVED										
<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 <b>Thistle Unit</b>  6. Well Number:  <b>58H</b>						
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 <b>Devon Energy Production Company, L.P.</b>				9. OGRID <b>6137</b>						
10. Address of Operator  <b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>				11. Pool name or Wildcat  <b>Triple X; Bone Spring</b>						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
<b>Surface:</b>	O	22	23S	33E		150	South	2100	East	Lea
<b>BH:</b>	P	27	23S	33E		347	South	593	East	Lea
13. Date Spudded 12/23/13	14. Date T.D. Reached 1/10/14	15. Date Rig Released 1/13/14		16. Date Completed (Ready to Produce) 3/19/14		17. Elevations (DF and RKB, RT, GR, etc.) 3691.1' GL				
18. Total Measured Depth of Well  16290' MD, 11265' TVD		19. Plug Back Measured Depth  16216'		20. Was Directional Survey Made?  Yes		21. Type Electric and Other Logs Run  Gamma Ray / CCL				
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>11736-16132, Bone Spring</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED					
13-3/8"	54.5#	1400'	17-1/2"	1230 sx C/C; circ 38 sx						
9-5/8"	40#	5233'	12-1/4"	1245 sx C/C; circ 106 sx						
5-1/2"	17#	16262'	8-3/4"	2560 sx C/H	TOC @ 1598'					
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD					
					SIZE	DEPTH SET	PACKER SET			
					2-7/8" L-80	10848.2'				
26. Perforation record (interval, size, and number)  11736 - 16132, total 500 holes				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 11736-16132      Acidize and frac in 10 stages. See detailed summary attached.						
<b>28. PRODUCTION</b>										
Date First Production  3/19/14		Production Method (Flowing, gas lift, pumping - Size and type pump)  Flowing				Well Status (Prod. or Shut-in)  Producing				
Date of Test 4/12/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 532	Gas - MCF 662	Water - Bbl. 1021	Gas - Oil Ratio 1244.36			
Flow Tubing Press. 675 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 <i>Megan Moravec</i>			Printed Name Megan Moravec		Title Regulatory Compliance Analyst		Date 4/14/2014			
E-mail Address megan.moravec@dvn.com										

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JUL 15 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  
No. 3, 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