

|   |  |   |  |  |                        |  |   |  |  |               |  |
|---|--|---|--|--|------------------------|--|---|--|--|---------------|--|
| Submit To Appropriate District Office<br>Two Copies<br>District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II<br>811 S. First St., Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505  |  | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> |  |  |                        | <b>Form C-105</b><br>Revised August 1, 2011  |   |  |  |               |  |
|   |  |   |  |  |                        |  |   | 1. WELL API NO.<br><b>30-025-41715</b>   |  |               |  |
|   |  |   |  |  |                        |  |   | 2. Type of Lease<br><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:<br><br><input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)<br><br><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<br><b>Weissbeir 23</b>  |  |               |  |
|   |  |   |  |  |                        |  |   | 6. Well Number:<br><b>1H</b>   |  |               |  |
| 7. Type of Completion:<br><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   |  |   |  |  |                        |  |   | <b>JUN 01 2015</b>   |  |               |  |
| 8. Name of Operator<br><b>Devon Energy Production Company, L.P.</b>   |  |   |  |  |                        |  |   | 9. OGRID<br><b>6137</b>  |  |               |  |
| 10. Address of Operator<br><b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>   |  |   |  |  |                        |  |   | 11. Pool name or Wildcat<br><b>Hobbs Channel; Bone Spring</b>  |  |               |  |
| 12. Location  | Unit Ltr                                 | Section   | Township                                       | Range                                      | Lot                    | Feet from the  | N/S Line  | Feet from the  | E/W Line   | County        |  |
| Surface:  | O  | 14  | 17S  | 37E  |                        | 265  | South   | 1350   | East   | Lea           |  |
| BH:   | O  | 23  | 17S  | 37E  |                        | 364  | South   | 1997   | East   | Lea           |  |
| 13. Date Spudded<br><b>10/7/14</b>  | 14. Date T.D. Reached<br><b>10/31/14</b> |   | 15. Date Rig Released<br><b>11/3/14</b>        |  |                        | 16. Date Completed (Ready to Produce)<br><b>3/20/15</b>  |   |  | 17. Elevations (DF and RKB, RT, GR, etc.)<br><b>3728.7 GL</b>        |               |  |
| 18. Total Measured Depth of Well<br><b>14301 MD, 9296.14 TVD</b>  |  |   | 19. Plug Back Measured Depth<br><b>14248.5</b> |  |                        | 20. Was Directional Survey Made?<br><b>Yes</b>   |   |  | 21. Type Electric and Other Logs Run<br><b>CBL / Gamma Ray / CCL</b> |               |  |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name<br><b>9675-14150, 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"   |  | 68#   |  | 2275                                       |                        | 17-1/2"  |   | 1965 sx CIC  |  |               |  |
| 9-5/8"  |  | 40#   |  | 3700                                       |                        | 12-1/4"  |   | 975 sx CIC   |  |               |  |
| 5-1/2" & 7"   |  | 17# & 29#   |  | 14295                                      |                        | 8-3/4"   |   | 1840 sx CIH  |  | TOC @ 3570    |  |
|   |  |   |  |  |                        |  |   |  |  |               |  |
| <b>24. LINER RECORD</b>   |  |   |  |  |                        |  |   |  |  |               |  |
| SIZE  | TOP                                      | BOTTOM  | SACKS CEMENT                                   | SCREEN                                     |                        | SIZE   |   | DEPTH SET  |  | PACKER SET    |  |
|   |  |   |  |  |                        | 2-7/8" L-80  |   | 8600.4   |  |               |  |
|   |  |   |  |  |                        |  |   |  |  |               |  |
| 26. Perforation record (interval, size, and number)<br><b>9675 - 14150, total 880 holes</b>   |  |   |  |  |                        | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED<br><b>9675-14150    Acidize and frac in 18 stages. See detailed summary attached.</b> |   |  |  |               |  |
| <b>28. PRODUCTION</b>   |  |   |  |  |                        |  |   |  |  |               |  |
| Date First Production<br><b>3/20/15</b>   |  | Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )<br><b>Flowing</b>  |  |  |                        |  | Well Status ( <i>Prod. or Shut-in</i> )<br><b>Producing</b> |  |  |               |  |
| Date of Test<br><b>5/20/15</b>  | Hours Tested<br><b>24</b>                | Choke Size  | Prod'n For Test Period                         | Oil - Bbl<br><b>16</b>                     | Gas - MCF<br><b>16</b> | Water - Bbl.<br><b>1302</b>  | Gas - Oil Ratio<br><b>1000</b>                              |  |  |               |  |
| Flow Tubing Press.<br><b>230 psi</b>  | Casing Pressure<br><b>9 psi</b>          | Calculated 24-Hour Rate   | Oil - Bbl.                                     | Gas - MCF                                  | Water - Bbl.           | Oil Gravity - API - ( <i>Corr.</i> )   |   |  |  |               |  |
| 29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> )<br><b>Sold</b>  |  |   |  |  |                        |  |   | 30. Test Witnessed By  |  |               |  |
| 31. List Attachments<br><b>Directional Survey, Logs</b>   |  |   |  |  |                        |  |   |  |  |               |  |
| 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:<br>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 <b>Megan Moravec</b>   |  | Title <b>Regulatory Compliance Analyst</b> |                        | Date <b>5/29/2015</b>  |   |  |  |               |  |
| E-mail Address <b>megan.moravec@dnv.com</b>   |  |   |  |  |                        |  |   |  |  |               |  |

**JUN 08 2015**

# 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<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |