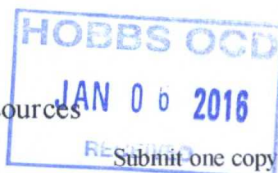


District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505



Form C-104  
Revised August 1, 2011

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Devon Energy Production Company, L.P. 333 West Sheridan, Oklahoma City, OK 73102		<sup>2</sup> OGRID Number 6137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW / 11/15/15
<sup>4</sup> API Number 30-025-41795	<sup>5</sup> Pool Name Triple X; Bone Spring	<sup>6</sup> Pool Code 59900
<sup>7</sup> Property Code 30884	<sup>8</sup> Property Name Thistle Unit	<sup>9</sup> Well Number 54H

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	28	23S	33E		200	North	1100	East	Lea

**<sup>11</sup> Bottom Hole Location**

UL or lot no. P	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	28	23S	33E		340	South	630	East	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 11/15/15	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
174238	Enterprise 201 Park Avenue, Ste 1600 Oklahoma City, OK 73102	Oil
036785	DCP Midstream P.O. Box 50020 Midland, TX 79710-0020	Gas

**IV. Well Completion Data**

<sup>21</sup> Spud Date 7/31/15	<sup>22</sup> Ready Date 11/15/15	<sup>23</sup> TD 15627	<sup>24</sup> PBDT 15574	<sup>25</sup> Perforations 11472 - 15564	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2"	13-3/8"	1444	1355 sx Cement; Circ 90 bbls		
Cmt Squeeze			168 sx CIH; Circ 0		
12-1/4"	9-5/8"	5230	1770 sx CIC; Circ 140 bbls		
8-3/4"	5-1/2"	15618	2545 sx CIH; Circ 0		

**V. Well Test Data**

Tubing: 2-7/8"

<sup>31</sup> Date New Oil 12/16/15	<sup>32</sup> Gas Delivery Date 12/16/15	<sup>33</sup> Test Date 12/16/15	<sup>34</sup> Test Length 24 hrs	<sup>35</sup> Tbg. Pressure 480 psi	<sup>36</sup> Csg. Pressure 575 psi
<sup>37</sup> Choke Size	<sup>38</sup> Oil 895 bbl	<sup>39</sup> Water 563 bbl	<sup>40</sup> Gas 982 mcf		<sup>41</sup> Test Method

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

*Lucretia Morris*

Printed name:

Lucretia Morris

Title:

Regulatory Compliance Analyst

E-mail Address:

lucretia.morris@dvn.com

Date:

1/5/2016

Phone:

405-552-3303

OIL CONSERVATION DIVISION

Approved by:

*[Signature]*

Title:

Petroleum Engineer

Approval Date:

01/19/16

E-PERMITTING - - New Well \_\_\_\_\_

Comp *AM* P&A \_\_\_\_\_ TA \_\_\_\_\_

CSNG \_\_\_\_\_ Loc CHG \_\_\_\_\_

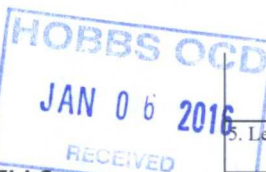
ReComp \_\_\_\_\_ Add New Pool \_\_\_\_\_

Cancl Well \_\_\_\_\_ Create Pool \_\_\_\_\_

JAN 20 2016



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT



FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No. **BHL: NMNM94186**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

7. If Unit of CA/Agreement, Name and/or No.

**NM88526X**

8. Well Name and No.  
**Thistle Unit 54H**

9. API Well No.  
**30-025-41795**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

**Devon Energy Production Company, L.P.**

3a. Address

**333 West Sheridan, Oklahoma City, OK 73102**

3b. Phone No. (include area code)

**405-228-4248**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**200' FNL & 1100' FEL Unit A, Sec 28, T23S, R33E  
340' FSL & 630' FEL Unit P, Sec 28, T23S, R33E**

**PP: 265' FNL & 850' FEL**

10. Field and Pool or Exploratory Area

**Triple X; Bone Spring**

11. Country or Parish, State

**Lea, NM**

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>Completion Report</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

9/24/15-11/15/15: MIRU WL & PT. TIH & ran CBL, found ETOC @ 3550'. TIH w/pump through frac plug and guns. Perf Bone Spring, 11472'-15564', total 490 holes. Frac'd 11472'-15564' in 14 stages. Frac totals 14,364 gals 15% HCl Acid, 742,000# Ottawa Sand 40/70, 3,451,000# Ottawa Sand 30/50 and 1,950,000# Ottawa Sand 20/40. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBD 15574'. CHC, FWB, ND BOP. RIH w/ 330 jts 2-7/8" L-80 tbg, set @ 10631.1'. TOP.

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)

**Lucretia Morris**

Title **Regulatory Compliance Analyst**

Signature

Date **1/5/2016**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

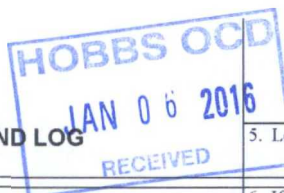
Office

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.

(Instructions on page 2)



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT



FORM 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. Resrv., Other: _____		5. Lease Serial No. <b>BHL: NMNM94186</b>  6. If Indian, Allottee or Tribe Name  7. Unit or CA Agreement Name and No. <b>NM88526X</b>	
2. Name of Operator <b>Devon Energy Production Company, L.P.</b>		8. Lease Name and Well No. <b>Thistle Unit 54H</b>	
3. Address <b>333 West Sheridan Ave, Oklahoma City, OK 73102</b>		3a. Phone No. (include area code) <b>405-228-4248</b>	
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  At surface <b>200' FNL &amp; 1100' FEL Unit A, Sec 28, T23S, R33E</b>  At top prod. interval reported below  At total depth <b>340' FSL &amp; 630' FEL Unit P, Sec 28, T23S, R33E</b>		9. AFI Well No. <b>30-025-41795</b>  10. Field and Pool or Exploratory <b>Triple X; Bone Spring</b>  11. Sec., T., R., M., on Block and Survey or Area <b>Sec 28, T23S, R33E</b>  12. County or Parish <b>Lea</b>	
14. Date Spudded <b>7/31/15</b>		15. Date T.D. Reached <b>8/20/15</b>	
16. Date Completed <b>11/15/15</b>		17. Elevations (DF, RKB, RT, GL)* <b>GL: 3701</b>	
18. Total Depth: MD <b>15627</b> TVD <b>11180</b>		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) <b>CBL / Gamma Ray - CCL / Variable Density Log</b>	
22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)			

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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17-1/2"	13-3/8" J-55 + H-40	48#	0	1444	DV @ 328	1355 sx Cement		0	90 bbls
12-1/4"	9-5/8" K-55	40#	0	5230		168 sx CIH		180	
8-3/4"	5-1/2" HCP-110	17#	0	15618		1770 sx CIC		0	140 bbls
						2545 sx CIH		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)	
2-7/8"	10631								

25. Producing Intervals				26. Perforation Record			
Formation	Top	Bottom		Perforated Interval	Size	No. Holes	Perf. Status
A) 2nd Bone Spring	11472	15564		11472 - 15564		490	open
B)							
C)							
D)							

27. Acid, Fracture, Treatment, Cement Squeeze, etc.		Amount and Type of Material
Depth Interval	11472 - 15564	14,364 gals 15% HCl Acid, 742,000# Ottawa Sand 40/70, 3,451,000# Ottawa Sand 30/50, 1,950,000# Ottawa Sand 20/40

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
11/15/15	12/16/15	24	→	895	982	563			Flow
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
	480psi	575psi	→				1097		

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 page 2)

## 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 (Solid, 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
2nd Bone Spring	10719			2nd Bone Spring SS	10719

32. Additional remarks (include plugging procedure):

## 33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Survey
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

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

Name (please print) Lucretia MorrisTitle Regulatory Compliance Analyst

Signature

Date 1/5/2016

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.

(Continued on page 3)

(Form 3160-4, page 2)



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Operator

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM94186
2. Name of Operator DEVON ENERGY PRODUCTION CO		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No. NMNM88526X
3b. Phone No. (include area code) Ph: 405-552-3303		8. Well Name and No. THISTLE UNIT 54H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T23S R33E NENE 200FNL 1100FEL 32.282402 N Lat, 103.572316 W Lon		9. API Well No. 30-025-41795-00-X1
		10. Field and Pool, or Exploratory TRIPLE X
		11. County or Parish, and State LEA COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(7/31/15-8/5/15) Spud @ 16:00. TD 17-1/2? hole @ 1444?. RIH w/ 32 jts 13-3/8? 48# J-55 ST&C csg and 1 jt 13-3/8? 48# H-40 ST&C csg, set @ 1444?. Lead w/ 810 sx Econocem, yld 1.87 cu ft/sk. Tail w/ 545 sx Halcem, yld 1.34 cu ft/sk. Disp w/ 220 bbls FW. Circ 90 bbls cmt to surf. PT BOPE @ 250/3000 psi and PT 2? & 4? valves on floor and manual valves on HCR & kill lines @ 250/5000 psi, OK. Open DV Tool, set btm @ 327.6?. Tag DV Tool @ 304?, drill out DV Tool. Attempt to PT csg, check all surf equip for leaks. Cmt squeeze w/ 168 sx ClH, yld 1.34 cu ft/sk. Drill cmt from squeeze job. PT csg to 1211 psi for 30 min, lost 61 psi. TOOH.

(8/6/15-8/8/15) TD 12-1/4? hole @ 5230?. RIH w/ 116 jts 9-5/8? 40# K-55 BTC csg, set @ 5230?. Lead w/ 1340 sx ClC, yld 1.88 cu ft/sk. Tail w/ 430 sx ClC, yld 1.33 cu ft/sk. Disp w/ 379 bbls FW. Circ 140 bbls cmt to surf. PT csg to 1500 psi for 30 min, OK.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #319323 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/29/2015 (16JAS0064SE)	
Name (Printed/Typed) LUCRETIA MORRIS	Title REGULATORY COMPLIANCE PROFESSI
Signature (Electronic Submission)	Date 10/12/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

ACCEPTED FOR RECORD	
Approved By <i>David R. Glass</i>	Title
Conditions of approval, if any, attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Date
PAVITR GLASS REGULATORY COMPLIANCE ENGINEER	Office

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.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

**Additional data for EC transaction #319323 that would not fit on the form**

**32. Additional remarks, continued**

(8/20/15-8/23/15) TD 8-3/4? hole @ 15627?. RIH w/ 348 jts 5-1/2? 17# HCP-110 CDC-HTQ csg, set @ 15618.2?. Lead w/ 1165 sx CIH, yld 2.30 cu ft/sk. Tail w/ 1380 sx CIH, yld 1.22 cu ft/sk. Disp w/ 522 bbls FW. RR @ 10:00.