

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. 30-025-42632 <b>42623</b> 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 <b>Black Mamba 15 State Com</b> <input checked="" type="checkbox"/> 6. Well Number: <b>7H</b> <input checked="" type="checkbox"/>								
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>RAVENSFOOT</b> <b>Cruz, 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:	P	10	23S	33E		460	South	810	East	Lea
BH:	P	15	23S	33E		411	South	1162	East	Lea
13. Date Spudded <b>7/29/15</b>	14. Date T.D. Reached <b>8/19/15</b>		15. Date Rig Released <b>8/23/15</b>			16. Date Completed (Ready to Produce) <b>1/7/16</b>		17. Elevations (DF and RKB, RT, GR, etc.) <b>3652.5' GL</b>		
18. Total Measured Depth of Well <b>16,402' MD, 11,161.79' TVD</b>			19. Plug Back Measured Depth <b>16,351.9'</b>			20. Was Directional Survey Made? <b>Yes</b>		21. Type Electric and Other Logs Run <b>GR CCL CBL</b>		
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>11,892'-16,344', Bone Spring</b>							<b>NGL-07309</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#		1468'		17-1/2"		1655 sx CIG; circ 15 bbls		
9-5/8"		40#		5107'		12-1/4"		1535 sx cmt; circ 0		
5-1/2"		17#		162,402'		8-3/4"		2440 sx CH; circ 0		TOC @ 430'
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN						
				2-7/8" L-80						
				10,690.8'						
25. TUBING RECORD										
26. Perforation record (interval, size, and number) <b>11,892' - 16,344', total 525 holes</b>										
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>11,892'-16,344'</b> Acidize and frac in 15 stages. See detailed summary attached.										
<b>28. PRODUCTION</b>										
Date First Production <b>1/7/16</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>Flowing</b>					Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>			
Date of Test <b>1/16/16</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl <b>365</b>	Gas - MCF <b>442</b>	Water - Bbl. <b>1470</b>	Gas - Oil Ratio <b>1210.959</b>			
Flow Tubing Press. <b>1525 psi</b>	Casing Pressure <b>825 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> ) <b>Sold</b>							30. Test Witnessed By			
31. List Attachments <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: 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 <b>Rebecca Deal</b> Printed Name <b>Rebecca Deal</b> Title <b>Regulatory Compliance Analyst</b> Date <b>1/22/2016</b> E-mail Address <b>rebecca.deal@dmn.com</b>										

**FEB 15 2016**



## 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