

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		State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505			Form C-105 Revised August 1, 2011		
1. WELL API NO. 30-025-43442							
2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN							
3. State Oil & Gas Lease No.							
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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							
6. Well Number: 138H							
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							
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	Feet from the	
Surface:	P	34	23S	33E		185	
BH:	P	34	23S	33E		182	
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)	
1/27/17	1/28/17	1/30/17		N/A		3640 GL	
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run	
1355' MD, TVD		0		Yes		N/A	
22. Producing Interval(s), of this completion - Top, Bottom, Name -, Bone Spring							
23. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
13.375	54.5	1337.7	17.5	468 sx CIC; circ 4 bbls			
24. LINER RECORD							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD		
					SIZE	DEPTH SET	
						PACKER SET	
26. Perforation record (interval, size, and number) -, total holes				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED - Acidize and frac in stages. See detailed summary attached.			
28. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)			Well Status (Prod. or Shut-in)		
N/A					Producing		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	
N/A	24			0	0	0	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
psi	psi						
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>Rebecca Deal</i>		Printed Name Rebecca Deal		Title Regulatory Analyst		Date 2/3/2017	
E-mail Address Rebecca.Deal@dmv.com							

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