

Submit To Appropriate District Office Two Copies <b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 <b>District II</b> 811 S. First St., Artesia, NM 88210 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 <b>District IV</b> 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 April 3, 2017					
								1. WELL API NO. <b>30-025-44419</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>Thistle Unit</b>			
								6. Well Number:  <b>115H</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 W. SHERIDAN AVE., OKLAHOMA CITY, OKLAHOMA 73102</b>						11. Pool name or Wildcat <b>TRIPLE X; BONE SPRING 59900</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>	C	22	23S	33E		335	FNL	1790	FWL	LEA	
<b>BH:</b>	G	27	23S	33E		2617	FSL	2565	FEL	LEA	
13. Date Spudded <b>12/6/17</b>	14. Date T.D. Reached <b>5/3/18</b>		15. Date Rig Released <b>5/3/18</b>		16. Date Completed (Ready to Produce) <b>8/8/18</b>			17. Elevations (DF and RKB, RT, GR, etc.) <b>3711.5'</b>			
18. Total Measured Depth of Well <b>17,310 MD, 9743' TVD</b>			19. Plug Back Measured Depth <b>17,171'</b>		20. Was Directional Survey Made? <b>YES</b>			21. Type Electric and Other Logs Run <b>CBL</b>			
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>9950-17,128' 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#		1470'		17 1/2"		1475sx cmt Circ 666 sx			
9 5/8"		40#		5338'		12 1/4"		1675sx ClC, circ 481 sx			
5 1/2"		17#		17,253'		8 3/4" & 8-1/2"		2090sx ClC, circ 0		TOC @ 1200'	
<b>24. LINER RECORD</b>											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		<b>25. TUBING RECORD</b>					
						SIZE	DEPTH SET	PACKER SET			
						2-7/8" L-80	9440'				
<b>26. Perforation record (interval, size, and number)</b>											
<b>9950-17,128' 1748 holes</b>											
<b>27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.</b>											
DEPTH INTERVAL					AMOUNT AND KIND MATERIAL USED						
9950-17,128'					Acidize and frac in 30 stages. See detailed summary attached						
<b>28. PRODUCTION</b>											
Date First Production <b>8/11/18</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>PROD</b>					
Date of Test <b>9/5/18</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl <b>1175</b>	Gas - MCF <b>1694</b>	Water - Bbl. <b>1187</b>	Gas - Oil Ratio <b>1441.702</b>				
Flow Tubing Press.	Casing Pressure	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											
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.								33. Rig Release Date: <b>5/3/18</b>			
34. If an on-site burial was used at the well, report the exact location of the on-site burial:											
Latitude			Longitude			NAD83					
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 Regulatory Analyst			Date <b>9/11/18</b>			
E-mail Address <b>rebecca.deal@dmr.com</b>											

# 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