

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-34577

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caballo 9 State

8. Well Number

1

9. OGRID Number

6137

10. Pool name or Wildcat

SWD; Bell Canyon, Cherry Canyon

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION

2. Name of Operator

DEVON ENERGY PRODUCTION CO LP

3. Address of Operator

PO BOX 250, ARTESIA, NM 88210

4. Well Location

Unit Letter E : 1650 feet from the N line and 660 feet from the W line

Section 9 Township 23S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3419' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please see attached MIT chart completed 11/5/19, which started at 520# and ended 32 minutes later at 520#. This test was witnessed by OCD representative, Gary Robinson.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Menoud TITLE ADMIN FIELD SUPPORT DATE 11/12/2019

Type or print name DENISE MENOUD E-mail address: denise.menoud@dvn.com PHONE: (575)746-5544

For State Use Only

APPROVED BY: Gary Robinson TITLE Conservation Officer DATE 11-22-19

Conditions of Approval (if any):

Devon - Internal

5 6 PM

PRINTED IN U.S.A.

5

A

3

2

1

NOON

11

10

9

8

7

6 AM

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MIDNIGHT

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Graphic Controls

DATE 11-5-19
BR 2221

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District II - Artesia811 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name Devon Energy	API Number 30-025-34577
Property Name CABALLO 9 ST.	Well No. #1

2. Surface Location

UL - Lot E	Section 9	Township 23S	Range 34E	Feet from 1650	N/S Line N	Feet From 660	E/W Line W	County LEA
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 11-5-19
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		0	1000
Flow Characteristics					
Pull	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	N <input checked="" type="radio"/>	N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	N <input checked="" type="radio"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Fluid injected for
Water	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFOR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

**UIC
MIT**

Signature:		OIL CONSERVATION DIVISION	
Printed name: Danny Smolik		Entered RBDMS	
Title: Compliance Office O		Re-test	
E-mail Address: danny.smolik@state.nm.us			
Date:	Phone: 575-626-0836		
Witness: Darry Robinson			