

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 30-025-36860
Property Name Rio Blanco 33 Fed.	Well No. #2

1. Surface Location

UL - Lot F	Section 33	Township 22S	Range 34E	Feet from 1980	N/S Line N	Feet from 1980	E/W Line W	County LEA
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Well Status

TA'D Well NO	SHUT-IN NO	INJECTOR SWD	PRODUCER GAS	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	1500
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Sorges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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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.

**01C
MIT**

Signature: _____		OIL CONSERVATION DIVISION	
Printed name: Danny Smolik		Entered RBDMS 11-28-19	
Title: Compliance Office O		Re-test	
E-mail Address: danny.smolik@state.nm.us			
Date: _____	Phone: 575-626-0836		
Witness: Darryl Tolson			

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

HOBBS OCD
NOV 14 2019
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-36360
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED X
2. Name of Operator DEVON ENERGY PRODUCTION CO LP		6. State Oil & Gas Lease No. FED LEASE NO. NMNM100864
3. Address of Operator PO BOX 250, ARTESIA, NM 88210		7. Lease Name or Unit Agreement Name Rio Blanco 33 Fed
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>33</u> Township <u>22S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 6137
		10. Pool name or Wildcat Bell Lake SWD

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 560# and ended 32 minutes later at 560#. 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@dmn.com PHONE: (575)746-5544
For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 11-22-19
Conditions of Approval (if any):
Devon - Internal

