

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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.)		WELL API NO. 30-015-40506
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Co., LP		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Turquoise PWU 27
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>50</u> feet from the <u>East</u> line Section <u>27</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number <u>2H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3332' GL		9. OGRID Number 6137
		10. Pool name or Wildcat Parkway; Bone Spring

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

NOTICE OF INTENTION TO:

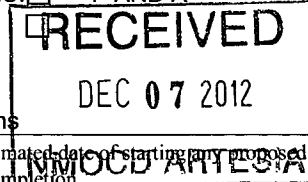
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Drilling Operations ☒



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

10/21/12: MIRU. Spud @ 01:30 hrs Notified NMOC D.

10/21-10/22/12: TD 17 1/2" hole @ 327'. RIH w/ 8 jts 13 3/8" 48# H-40 ST&C & set @ 327'. 1st Stage Lead w/ 299 sx Cl C; 14.8 ppg, Yld 1.35 cf/sx, 6.37 g/sx. Displ w/ 47.5 bbls FW. RIH w/ 1" tbg. 2nd Stage Lead w/ 42 sx Cl C; 14.8 ppg, Yld 1.35 cf/sx, 6.37 g/sx. WOC. RIH w/ 1" tbg. 3rd Stage Lead w/ 66 sx Cl C; 14.8 ppg, Yld 1.35 cf/sk, 6.37 g/sx. Circ 1.5 bbls to surf. WOC. NU BOP, tst blind rams, pipe rams, choke manifold & valves to 250 psi L & 3000 psi H. Tst annular 250 psi L & 1500 psi H. Tst csg @ 1210 psi 30 min, good.

10/26-10/29/12: TD 12 1/4" hole @ 3427'. RIH w/ 80 jts 9 5/8" 40# J-55, LT&C & set @ 3427'. Notified NMOC D (R.Dade). 1st Stage Lead w/ 735 sx Cl H; 12.9 ppg, Yld 1.88 cf/sx, 9.6 g/sx. Tail w/ 295 sx Cl C; 14.8 ppg, Yld 1.33 cf/sx, 6.32 g/sx. Displ w/ 257 bbls. Circ 657 sx. WOC. 2nd Stage Lead w/ 800 sx Cl C; 12.9 ppg, Yld 1.85 cf/sx, 9.81 g/sx. Tail w/ 100 sx Cl C; 14.8 ppg, Yld 1.35 cf/sx, 6.37 g/sx. Displ w/ 125 BFW. Circ 212 sx. NU BOP, tst blinds, valves, manifold to 250 psi L & 5000 psi H 10 min, good. Tst annular 250 psi L & 2500 psi H 10 min, good. TAG DVT Tool @ 1651'. Fit Tst to 9.0 ppg EMW; MW8.4, 107 psi, good.

11/7/12: Tag Whipstock @ 7,297'. Lead w/ 473 sx Cl H; 15.6 ppg, Yld 1.19 cf/sx, 5.37 g/sx.

11/21-11/23/12: TD 8 3/4" hole @ 12,830'. RIH 163 jts 5 1/2" 17# P-110 LT&C & 134 jts 5 1/2" 17# P-110 BT&C & 1 jt 5 1/2" 17# P-110 XO & set @ 12,818'. 1st Lead w/ 1,215 sx Cl H; 12.5 ppg, Yld 1.96 cf/sx, 10.82 g/sx + .4% HR-601 + 1/8 PPS Poly-EF. Tail w/ 1,410 sx Cl H, 14.5 ppg, Yld 1.22 cf/sx, 5.37 g/sx + .5% Halad(R)-344 + .4% CFR-3 + 1 PPS salt + .1% HR-601. Displ w/ 297 bbls KCL. Circ 249 sx. Rig Rlsd @ 1500 hrs.

Spud Date:

10/21/12 @ 01:30 hrs

Rig Release Date:

11/23/12 @ 1500 hrs

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

SIGNATURE Melanie Crawford TITLE Regulatory Analyst

DATE 12/6/12

Type or print name: Melanie Crawford

E-mail address: melanie.crawford@dmr.com

PHONE: _____

For State Use Only

APPROVED BY: LR Dade

TITLE Dr. H. Spewson

DATE 12/11/2012

Conditions of Approval (if any):