

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

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. 30-015-40781
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 Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Peridot 13 State
4. Well Location. Unit Letter <u>H</u> : <u>1650</u> feet from the <u>North</u> line and <u>1195</u> feet from the <u>East</u> line Section <u>12</u> Township <u>19S</u> Range <u>29E</u> NMPM Eddy County		8. Well Number <u>7H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3393.5' GR		9. OGRID Number 6137
		10. Pool name or Wildcat Turkey Track; Bone Spring

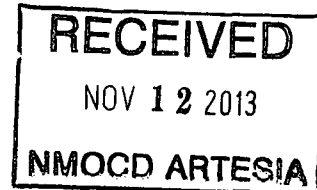
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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: Completion Sundry <input checked="" 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.

08/15/2013 - 09/26/2013

MIRU. Tested Csg to 2000 psi for 30 min. OK. Ran CBL logs from 6800' to surface. Perforated Bone Spring from 11,110 - 15,720'; 300 holes. Frac'd from 11,110 - 15,720' in 10 stages. Frac Totals: 30K gals 15% HCL acid, 124K # 30/50 white sd, 1,954K # 20/40 white sd, 412K # 20/40 Siber Prop. RIH w/2 7/8" tubing. EOT @ 7105'. Turn well over to production.



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

SIGNATURE Patti Riechers TITLE: Regulatory Specialist DATE 11/07/2013

Type or print name _____ E-mail address: patti.riechers@dmn.com PHONE: 405-228-4248

For State Use Only

APPROVED BY: RP Dade TITLE: Dist H Supervisor DATE 11/12/2013

Conditions of Approval (if any):