

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 August 1, 2011

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

WELL API NO. 30-015-45302
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SPUD MUFFIN 31-30
8. Well Number 332H
9. OGRID Number 6137
10. Pool name or Wildcat CEDAR CANYON ; BONE SPRING

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

2. Name of Operator Devon Energy Production Company, L.P.

3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102

4. Well Location
 Unit Letter N 625 feet from the South line and 2405 feet from the West line
 Section 31 Township 23S Range 29E NMPM County EDDY

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

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

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

Does Not Meet OCD Requirements

07/18/2019-10/10/2019: MIRU WL & PT Good to 5000 PSI in 1000 PSI increments 15 mins . TIH & ran CBL, found TOC @ 2310'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9,834'-19,769'. Frac totals 17,905,750#PROP., 0g Acid, & 318,469.6 bbls. fluid ND frac, MIRU PU, NU BOP, DO plugs & CO to PBDT 19,874'. CHC, FWB, ND BOP. RIH w/ 280 jts 2-7/8" L-80 tbg, set @ 9338'. TOP.

Which Casing was Tested?

Test must be at least 30 minutes

RECEIVED

DEC 02 2019

DENIED

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE *Erin Workman* TITLE Regulatory Analyst DATE 11/27/2019

Type or print name Erin Workman E-mail address: Erin.Workman@dvn.com PHONE: 405-552-7970

For State Use Only

APPROVED BY: DENIED TITLE _____ DATE 12/4/19

Conditions of Approval (if any):