

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 265480<br>WELL API NUMBER<br>30-025-45455<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>BELL LAKE 19 18 STATE COM |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | 8. Well Number<br>017H                                                                                                                                                                                                      |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 2. Name of Operator<br>DEVON ENERGY PRODUCTION COMPANY, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 9. OGRID Number<br>6137                                                                                                                                                                                                     |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 3. Address of Operator<br>20 N Broadway, Oklahoma City, OK 73102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                    |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>538</u> feet from the <u>S</u> line and feet <u>1922</u> from the <u>W</u> line<br>Section <u>19</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                             |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3551 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                             |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                             |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                             | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF:        |                  | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                       |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                      | ALTER CASING <input type="checkbox"/>     |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                            | PLUG AND ABANDON <input type="checkbox"/> |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                                  |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>Drilling Operations Summary <u>3/3/2019</u> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                             |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>03/03/19</td> <td>Surf</td> <td></td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J-55</td> <td>0</td> <td>1206</td> <td>698</td> <td>1.76</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>03/03/19</td> <td>Surf</td> <td></td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J-55</td> <td>0</td> <td>1206</td> <td>328</td> <td>1.33</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>03/07/19</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J-55</td> <td>0</td> <td>5089</td> <td>1167</td> <td>1.83</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>03/07/19</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J-55</td> <td>0</td> <td>5089</td> <td>508</td> <td>1.33</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>03/09/19</td> <td>Prod</td> <td></td> <td>8.75</td> <td>5.5</td> <td>17</td> <td>P110</td> <td>3050</td> <td>19505</td> <td>587</td> <td>2.94</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>03/09/19</td> <td>Prod</td> <td></td> <td>8.75</td> <td>5.5</td> <td>17</td> <td>P110</td> <td>3050</td> <td>19505</td> <td>1865</td> <td>1.54</td> <td>C</td> <td></td> <td></td> <td></td> <td>N</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                             | Date                                      | String                       | Fluid Type                   | Hole Size        | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 03/03/19     | Surf |                                                                   | 17.5 | 13.375 | 54.5 | J-55 | 0 | 1206 | 698 | 1.76 | C |  |  |  | N | 03/03/19 | Surf |  | 17.5 | 13.375 | 54.5 | J-55 | 0 | 1206 | 328 | 1.33 | C |  |  |  | N | 03/07/19 | Int1 |  | 12.25 | 9.625 | 40 | J-55 | 0 | 5089 | 1167 | 1.83 | C |  |  |  | N | 03/07/19 | Int1 |  | 12.25 | 9.625 | 40 | J-55 | 0 | 5089 | 508 | 1.33 | C |  |  |  | N | 03/09/19 | Prod |  | 8.75 | 5.5 | 17 | P110 | 3050 | 19505 | 587 | 2.94 | C |  |  |  | N | 03/09/19 | Prod |  | 8.75 | 5.5 | 17 | P110 | 3050 | 19505 | 1865 | 1.54 | C |  |  |  | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                                  | Hole Size                                 | Csg Size                     | Weight lb/ft                 | Grade            | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/03/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          |                                                                                                                                                                                                                             | 17.5                                      | 13.375                       | 54.5                         | J-55             | 0                                              | 1206                                      | 698                                    | 1.76                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/03/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          |                                                                                                                                                                                                                             | 17.5                                      | 13.375                       | 54.5                         | J-55             | 0                                              | 1206                                      | 328                                    | 1.33                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/07/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          |                                                                                                                                                                                                                             | 12.25                                     | 9.625                        | 40                           | J-55             | 0                                              | 5089                                      | 1167                                   | 1.83                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/07/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          |                                                                                                                                                                                                                             | 12.25                                     | 9.625                        | 40                           | J-55             | 0                                              | 5089                                      | 508                                    | 1.33                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/09/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          |                                                                                                                                                                                                                             | 8.75                                      | 5.5                          | 17                           | P110             | 3050                                           | 19505                                     | 587                                    | 2.94                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| 03/09/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          |                                                                                                                                                                                                                             | 8.75                                      | 5.5                          | 17                           | P110             | 3050                                           | 19505                                     | 1865                                   | 1.54                                  | C                                            |                                          |                                                  |                                           | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                                                             |                                           |                              |                              |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td>_____</td> <td>DATE</td> <td><u>3/27/2019</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Daniel Peach</u></td> <td>E-mail address</td> <td><u>danny.peach@dvn.com</u></td> <td>Telephone No.</td> <td><u>405-552-4660</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                             | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                        | _____            | DATE                                           | <u>3/27/2019</u>                          | Type or print name                     | <u>Daniel Peach</u>                   | E-mail address                               | <u>danny.peach@dvn.com</u>               | Telephone No.                                    | <u>405-552-4660</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                       | _____                                     | DATE                         | <u>3/27/2019</u>             |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Daniel Peach</u>                                                                                                                                                           | E-mail address                                                                                                                                                                                                              | <u>danny.peach@dvn.com</u>                | Telephone No.                | <u>405-552-4660</u>          |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Paul F Kautz</u></td> <td>TITLE</td> <td><u>Geologist</u></td> <td>DATE</td> <td><u>3/27/2019 10:59:55 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                             | APPROVED BY:                              | <u>Paul F Kautz</u>          | TITLE                        | <u>Geologist</u> | DATE                                           | <u>3/27/2019 10:59:55 AM</u>              |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Paul F Kautz</u>                                                                                                                                                           | TITLE                                                                                                                                                                                                                       | <u>Geologist</u>                          | DATE                         | <u>3/27/2019 10:59:55 AM</u> |                  |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |      |        |      |      |   |      |     |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |      |      |   |  |  |  |   |          |      |  |       |       |    |      |   |      |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |     |      |   |  |  |  |   |          |      |  |      |     |    |      |      |       |      |      |   |  |  |  |   |

**District I**  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
 811 S. First St., Artesia, NM 88210  
 Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
 1220 S. St Francis Dr., Santa Fe, NM 87505  
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

Comments

Permit 265480

DRILLING COMMENTS

|                                                                                              |                          |
|----------------------------------------------------------------------------------------------|--------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>20 N Broadway<br>Oklahoma City, OK 73102 | OGRID:<br>6137           |
|                                                                                              | Permit Number:<br>265480 |
|                                                                                              | Permit Type:<br>Drilling |

Comments

| Created By | Comment                                                                                                                                           | Comment Date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| drebecca   | Intermediate Casing as follows: TD 12-1/4" hole @ 5104'. RIH w/ 101 jts 9-5/8" 40# J-55 BTC csg & 12 jts 9-5/8" 40# P-110EC BTC csg, set @ 5089'. | 3/27/2019    |
| drebecca   | Production Casing as follows: TD 8-3/4" hole @ 9691' & 8-1/2" hole @ 19,517'. RIH w/ 460 jts 5-1/2" 17# P110 BPN csg, set @ 19,505'.              | 3/27/2019    |
| drebecca   | RR @ 05:00 3/23/19                                                                                                                                | 3/27/2019    |