

Submit a Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-015-29549	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name REMUDA BASIN SWD	
8. Well Number	1
9. OGRID Number 6137	
10. Pool name or Wildcat UNDES BELL CANYON	
4. Well Location Unit Letter <u>D</u> : <u>330</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>20</u> Township <u>23S</u> Range <u>30E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

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

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Per annual request, submitting Bradenhead test completed 9/1/2020.

Spud Date:

Rig Release Date:

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

SIGNATURE Denise Menoud TITLE Admin Field Support DATE 12/17/2020

Type or print name Denise Menoud E-mail address: denise.menoud@dmn.com PHONE: 575-746-5544

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

District II - Artesia

111 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9722

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name Devon Energy	API Number 30-015-29549
Property Name Remuda Basin SWD	Well No. 1

7. Surface Location

UL - Lot D	Section 20	Township T23S	Range R30E	Feet from 330	N/S Line N	Feet From 660	E/W Line W	County Eddy
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 9-1-20
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		0	740
Flow Characteristics					
Pull	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	WTR _____
Surges	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	GAS _____
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	fluid injected for
Water	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	Waterflood

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

CLEAR N/A	FRESH N/A	SALTY N/A	SULFOR N/A	BLACK N/A
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Signature: WALTER MARLER 575-513-8069		OIL CONSERVATION DIVISION
Printed name: Danny Smolik		Entered RBDMS
Title: Compliance Office O		Re-test
E-mail Address: danny.smolik@state.nm.us		
Date:	Phone: 575-626-0836	
Witness:		

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 12455

CONDITIONS OF APPROVAL

Operator:	DEVON ENERGY PRODUCTION COMPAN	333 West Sheridan Ave.	Oklahoma City, OK73102	OGRID:	6137	Action Number:	12455	Action Type:	C-103Z
OCD Reviewer	Condition								
ksimmons	None								