

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

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

Form C-103
 Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		WELL API NO. 30-025-34577
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 333 W SHERIDAN AVE OKLAHOMA CITY, OK 73102		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>E</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>9</u> Township <u>23S</u> Range <u>34E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name CABALLO 9 STATE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3419' GL		8. Well Number <u>1</u> 9. OGRID Number <u>6137</u> 10. Pool name or Wildcat (96802)SWD;BELL CANYON-CHERRY CANYON

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: <u>BRADENHEAD TEST</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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

DEVON IS REPORTING IN RESPONSE TO NOTIFICATION OF UIC TESTING LETTER FOR DISTRICT 1, RECEIVED JANUARY 2024.
 A BRADENHEAD TEST WAS PERFORMED ON THIS WELL ON 7/02/24.
 BRADENHEAD TEST REPORT ATTACHED.

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 Debbie Kilgore TITLE FIELD ADMIN SUPPORT DATE 7/17/24

Type or print name DEBBIE KILGORE E-mail address: debbie.kilgore@dvn.com PHONE: 575-885-7513

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 8/26/24
 Conditions of Approval (if any):

Southern District
1625 N French Dr, Hobbs, NM 88240
Phone: (575) 241-7063

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

BRADENHEAD TEST REPORT

Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.		API Number 30-025-34577	
Property Name CABALLO 9 STATE		Well No. 1	

1. Surface Location

UL - Lot E	Section 9	Township 23S	Range 34E	Feet from 1650	N/S Line NORTH	Feet from 660	E/W Line WEST	County LEA
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJECTOR	SWD	OIL PRODUCER	GAS	DATE 7-2-2024
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	0		0	925
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ✓
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Ricky Fernandez</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Ricky Fernandez</i>		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		GR	
Date:	Phone: <i>NO witnesses</i>		
	Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

District I
1625 N. French Dr., Hobbs, NM 88240
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CONDITIONS

Action 364903

CONDITIONS

Operator: DEVON ENERGY PRODUCTION COMPANY, LP 333 West Sheridan Ave. Oklahoma City, OK 73102	OGRID: 6137
	Action Number: 364903
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	8/26/2024