

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 August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-40779
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Peridot 13 State
4. Well Location Unit Letter <u>L</u> : <u>2085</u> feet from the <u>South</u> line and <u>1295</u> feet from the <u>West</u> line Section <u>12</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number <u>5H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3375' GL		9. OGRID Number 6137
		10. Pool name or Wildcat Turkey Track; Bone Spring

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

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

04/11/2013 – 05/08/2013

MIRU. Tested Csg to 2000 psi for 30 min. OK. Did not run a CBL as cmt was circulated on production casing. Perforated Bone Spring from 9,497 – 14,105'; 300 holes. Frac'd from 9,497 – 14,105' in 9 stages. Frac Totals: 54,000 gals 15% HCL acid, 112,344# 30/50 white sd, 1,637,878 # 20/40 white sd, 368,979# 20/40 Siber Prop. RIH w/2 7/8" tubing. EOT @ 6887'. Turn well over to production.



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

SIGNATURE: Patti Riechers TITLE: Regulatory Specialist DATE: 08/06/2013

Type or print name: Patti Riechers E-mail address: patti.riechers@dvn.com PHONE: 405-228-4248

For State Use Only

APPROVED BY: [Signature] TITLE: Dist. Supervisor DATE: 8/19/2013  
Conditions of Approval (if any):