

Released 3-24-19

**CONFIDENTIAL**

Form C-105

Revised August 1, 2011

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 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		1. WELL API NO. 30-015-44962	
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		3. State Oil & Gas Lease No.	
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>					
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				5. Lease Name or Unit Agreement Name Coral PWU 28-27	
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER				6. Well Number: 62H	
8. Name of Operator Devon Energy Production Company, L.P.				9. OGRID 6137	
10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102				11. Pool name or Wildcat PARKWAY; BONE SPRING; WEST	
12. Location	Unit Ltr	Section	Township	Range	Lot
Surface:	O	28	19S	29E	
BH:	P	27	19S	29E	
13. Date Spudded 7/2/18	14. Date T.D. Reached 7/26/18	15. Date Rig Released 7/28/18	16. Date Completed (Ready to Produce) 12/24/18		17. Elevations (DF and RKB, RT, GR, etc.) GL
18. Total Measured Depth of Well 16693 MD, 9163 TVD		19. Plug Back Measured Depth 16594		20. Was Directional Survey Made? Yes	
				21. Type Electric and Other Logs Run CBL	
22. Producing Interval(s), of this completion - Top, Bottom, Name 9205-16554, WEST					
23. <b>CASING RECORD (Report all strings set in well)</b>					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13.375	54.5	248	17.5	331 Sx of CI C; circ 50	
9.625	36	3432	12.25	1625 Sx of CI C; circ 10	
5.5	17	16693 16678	8.75	2075 Sx of CI C; circ 10	TOC @ 2315 / 1800
24. <b>LINER RECORD</b>					
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	
25. <b>TUBING RECORD</b>					
SIZE	DEPTH SET	PACKER SET			
2.875 L-80	8814				
26. Perforation record (interval, size, and number) 9205 - 16554, total 1250 holes					
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 9205-16554      Acidize and frac in 38 stages. See detailed summary attached.					
28. <b>PRODUCTION</b>					
Date First Production 12/24/18		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing		Well Status (Prod. or Shut-in) Producing	
Date of Test 12/29/18	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 1197	Gas - MCF 1483
Flow Tubing Press. 0 psi	Casing Pressure 0 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl. 1905
					Gas - Oil Ratio 1239
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold					30. Test Witnessed By [Signature]
31. List Attachments Directional Survey, Logs					
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.					
33. If an on-site burial was used at the well, report the exact location of the on-site burial:					
Latitude		Longitude		NAD 1927 1983	
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief					
Signature [Signature]	Printed Name Erin Workman	Title Regulatory Analyst	Date 2/4/2019		
E-mail Address Erin.Workman@dvn.com					

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

**INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE**

[illegible]

## OIL OR GAS SANDS OR ZONES

No. 1, from	N/A	to	N/A	No. 3, from	N/A	to	N/A
No. 2, from	N/A	to	N/A	No. 4, from	N/A	to	N/A

## IMPORTANT WATER SANDS

**Include data on rate of water inflow and elevation to which water rose in hole.**

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology