

**CONFIDENTIAL**

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		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>			<b>Form C-105</b> Revised August 1, 2011					
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>								<b>RECEIVED</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)								1. WELL API NO. 30-015-44983  2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN  3. State Oil & Gas Lease No.		
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								5. Lease Name or Unit Agreement TURQUOISE PWU 27  6. Well Number: 9H		
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	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	A	28	19S	29E		992'	North	243'	East	EDDY
BH:	A	27	19S	29E		360'	North	37'	East	EDDY
13. Date Spudded 9/11/18	14. Date T.D. Reached 9/24/18		15. Date Rig Released 9/27/18		16. Date Completed (Ready to Produce) 12/14/18		17. Elevations (DF and RKB, RT, GR, etc.) GL			
18. Total Measured Depth of Well 14155 MD, 9155 TVD			19. Plug Back Measured Depth 14055		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run CBL			
22. Producing Interval(s), of this completion - Top, Bottom, Name 9446-14010, WEST										
<b>23. 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 <i>155</i>		318		17.5		770 sx of Class C; circ 94			
9.625	36 <i>155</i>		3405		12.25		1520 sx of Class C; circ 130			
5.5	17 <i>P110</i>		14140		8.75		1615 sx of Class C			
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		25. TUBING RECORD				
						SIZE	DEPTH SET	PACKER SET		
						2.875 L-80	8,849'			
26. Perforation record (interval, size, and number) 9446 - 14010, total 656 holes						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 9446-14010 Acidize and frac in 24 stages. See detailed summary attached.				
<b>28. PRODUCTION</b>										
Date First Production 12/14/18		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Producing				
Date of Test 12/30/18	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl	Gas - Oil Ratio			
				621	431	1652	694			
Flow Tubing Press. 0 psi	Casing Pressure 0 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold						30. Test Witnessed By				
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	<i>Erin Workman</i>		Printed Name	Erin Workman	Title	Regulatory Analyst	Date	1/25/2019		
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