

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

Form C-103  
 Revised August 1, 2011

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

RECEIVED  
 DEC 06 2019  
 DISTRICT IV ARTESIA O.C.D.

WELL API NO.	30-015-45267
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SPUD MUFFIN 31-30 COM
8. Well Number	623H
9. OGRID Number	6137
10. Pool name or Wildcat	PURPLE SAGE; WOLFCAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 2959.3	

**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  Gas Well  Other

2. Name of Operator: Devon Energy Production Company, L.P.

3. Address of Operator: 333 West Sheridan, Oklahoma City, OK 73102

4. Well Location  
 Unit Letter N : 625 feet from the South line and 2435 feet from the West line  
 Section 31 Township 23S Range 29E NMPM County EDDY

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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>Amended</u> Completion <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.

07/17/19-10/07/19: MIRU WL & PT Good to 5000 PSI in 1000 PSI increments 15 mins, TSTD Good., then TSTD Csg. Good to 12,500 PSI 30 mins. TIH & ran CBL, found TOC @3880. TIH w/pump through frac plug and guns. Perf Wolfcamp 10071'-19983'. Frac totals 19,870,750# PROP, 0 ACID, 347,424.30 bbls. fluid. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTD, flotation collar @ 20,085 . CHC, FWB, ND BOP. RIH w/ 284 jts 2-7/8" L-80 tbg, set @ 9493.5'. TOP.

**Does Not Meet OCD Requirements**  
*Tested casing size*  
*Type of lease*

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

SIGNATURE \_\_\_\_\_ TITLE Regulatory Analyst DATE 12/5/2019

Type or print name Erin Workman E-mail address: Erin.Workman@dvn.com PHONE: 405-552-7970  
**For State Use Only**

APPROVED BY: **DENIED** TITLE **DENIED** DATE GC 12/9/19  
 Conditions of Approval (if any):