

B: 1/17/19

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| 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 | RECEIVED JAN 14 2020 EMNRD-OCD ARTESIA | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-105 Revised August 1, 2011 |
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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 Spud Muffin 31-30 |
| 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: 624H |

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| 8. Name of Operator Devon Energy Production Company, L.P. | 9. OGRID 6137 |
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| 10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102 | 11. Pool name or Wildcat PURPLE SAGE ; WOLFCAMP |
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| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
|--------------|----------|---------|----------|-------|-----|---------------|----------|---------------|----------|--------|
| Surface: | P | 31 | 23S | 29E | | 485 | South | 250 | East | EDDY |
| BH: | A | 30 | 23S | 29E | | 12 | North | 375 | East | EDDY |

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| 13. Date Spudded 1/10/19 | 14. Date T.D. Reached 2/10/19 | 15. Date Rig Released 2/14/19 | 16. Date Completed (Ready to Produce) 10/10/19 | 17. Elevations (DF and RKB, RT, GR, etc.) 2960 GL |
| 18. Total Measured Depth of Well 20020 MD, 9918 TVD | 19. Plug Back Measured Depth 19955 | 20. Was Directional Survey Made? Yes | 21. Type Electric and Other Logs Run CBL | |

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| 22. Producing Interval(s), of this completion - Top, Bottom, Name 10221-19842, WOLFCAMP |
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| 23. CASING RECORD (Report all strings set in well) | | | | | |
|--|----------------|-----------|-----------|------------------|---------------|
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 13.375 | 54.5 | 367 | 17.5 | 625 SX CLC | |
| 8.625 | 32 | 9223 | 10.625 | 990 SX CLC | |
| 5.5 | 20 | 20005 | 7.875 | 2720 SX CLC | |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | | |
|------------------|-----|--------|--------------|-------------------|------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
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| 26. Perforation record (interval, size, and number) 10221 - 19842, total 964 holes | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 10221-19842 AMOUNT AND KIND MATERIAL USED Acidize and frac in 49 stages. See detailed summary attached. |
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28. PRODUCTION

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|-----------------------------------|--|---|------------------------|-------------------|-------------------|-----------------------------|----------------------------|
| Date First Production 10/10/19 | Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing | Well Status (Prod. or Shut-in) Producing | | | | | |
| Date of Test 10/26/19 | Hours Tested 24 | Choke Size | Prod'n For Test Period | Oil - Bbl 1528 | Gas - MCF 3407 | Water - Bbl. 5026 | Gas - Oil Ratio 2229.71 |
| Flow Tubing Press. 2494 psi | Casing Pressure 1928 psi | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | |

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| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold | 30. Test Witnessed By |
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| 31. List Attachments Directional Survey, Logs |
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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

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|--|------------------------------|-----------------------------|-------------------|
| Signature | Printed Name Erin Workman | Title Regulatory Analyst | Date 1/13/2020 |
| E-mail Address Erin.Workman@dvn.com | | | |

