

Submit a 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 July 18, 2013

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

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.)		WELL API NO. 30-015-39071
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 73102-8260		7. Lease Name or Unit Agreement Name SNAPPING 2 STATE
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>735</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>26S</u> Range <u>31E</u> NMPM <u>EDDY</u> County		8. Well Number <u>4H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3267' GL		9. OGRID Number <u>6137</u>
		10. Pool name or Wildcat Jennings; Bone Spring, West

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>BRADENHEAD TEST</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.

BRADENHEAD TEST:

Devon Energy Production Co., L.P. (Devon) respectfully reports the attached Bradenhead Test required by the approved NMOCD Agreed Compliance Order, NMOCD-ACO-2020-030; Section II; 12. Please see attachments.

Spud Date:

Rig Release Date:

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

SIGNATURE Denny Harris TITLE REGULATORY COMPLIANCE DATE 1-15-2021

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Art Celis TITLE Staff Manager DATE 3/11/2021

Conditions of Approval (if any):

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS, NM 88240

T0: Tex Mex

DATE: 10/06/20

This is to certify that:

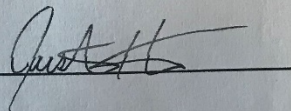
I, Justin Harris, Technician for American Valve & Meter Inc. Has checked the calibration of the following instrument.

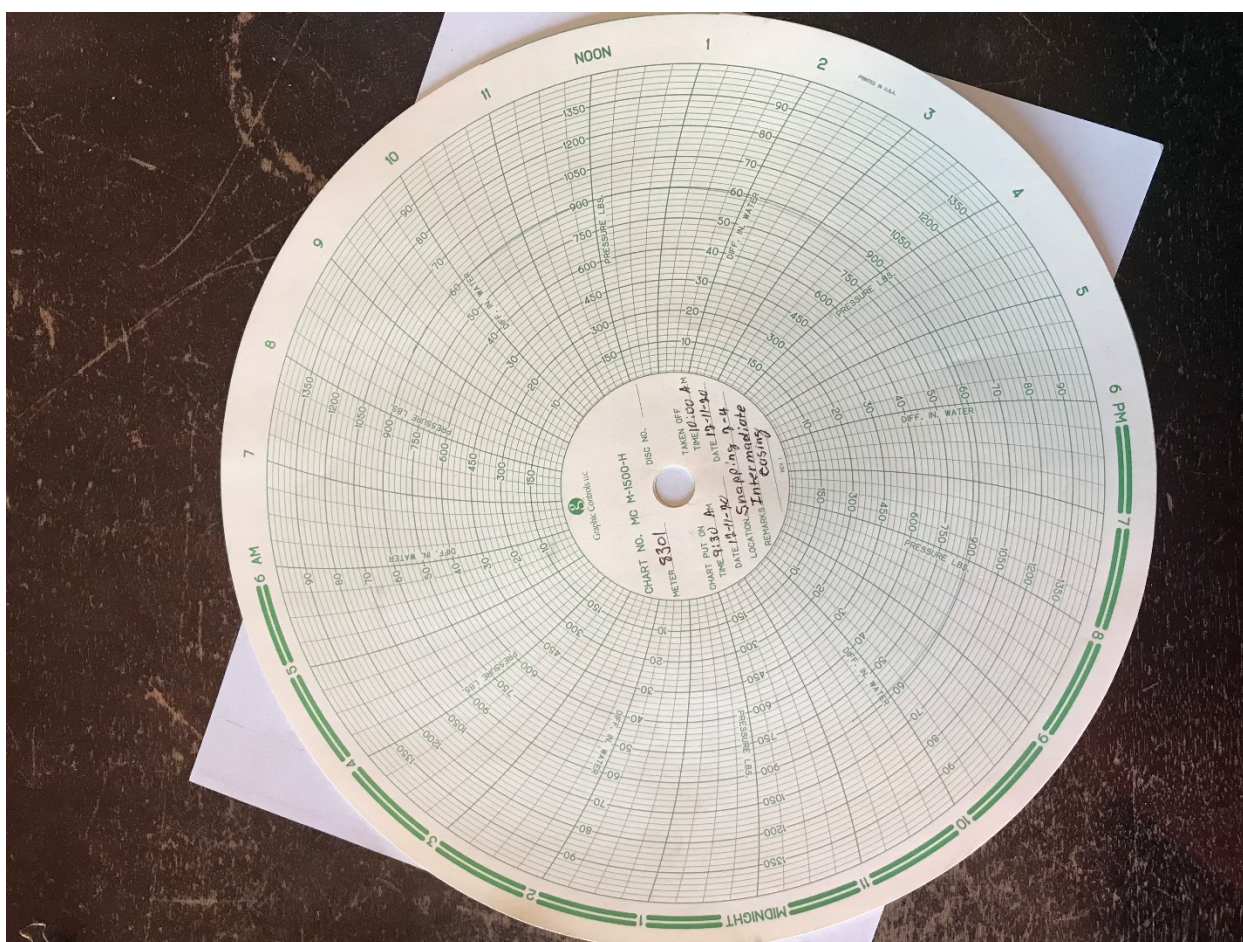
12" Dual Pressure

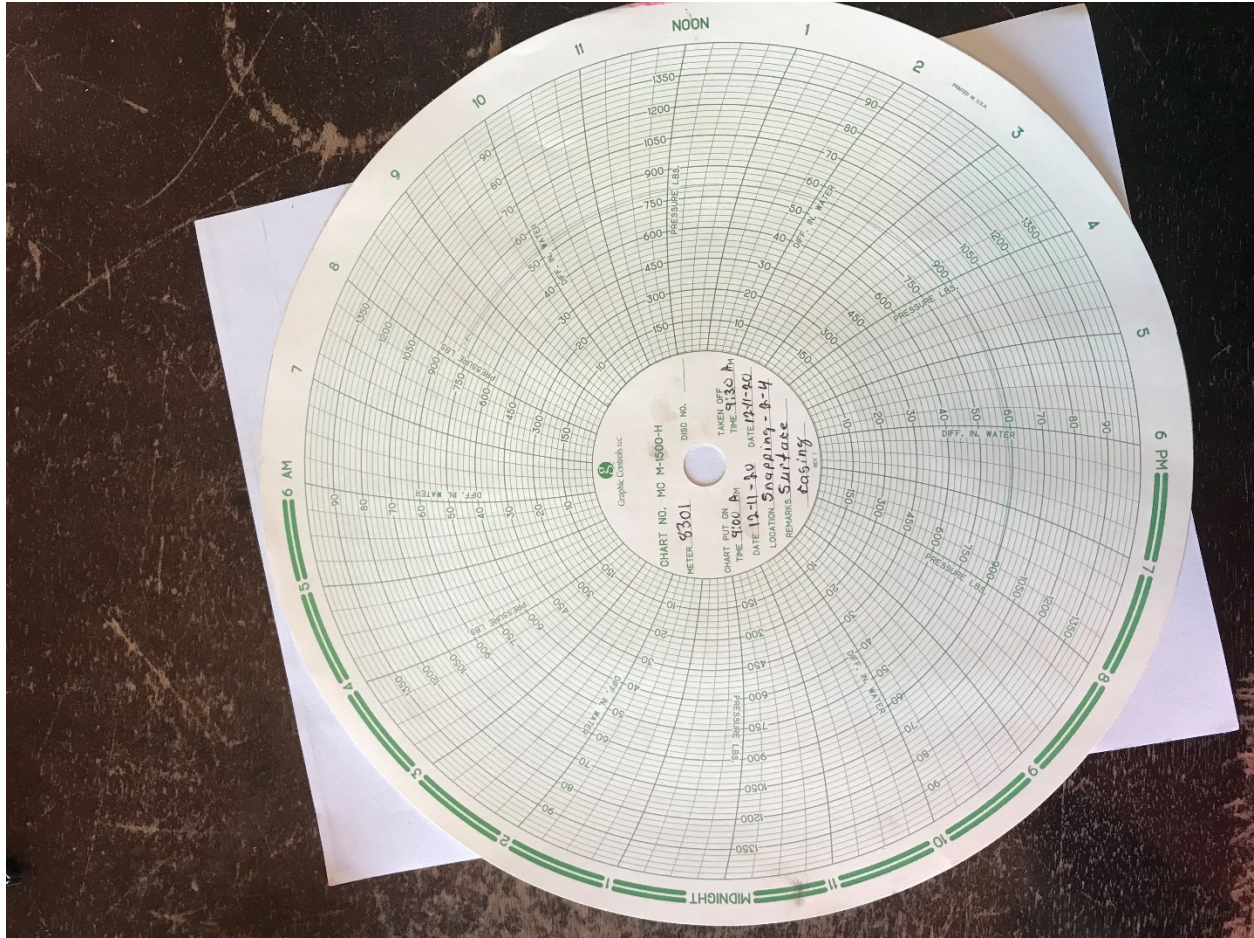
ser #8301

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	-0	-0	-	-0
- 750	-	- 750	-	-	-
- 1500	-	- 1500	-150	-	-150
- 1050	-	- 1050	-10	-	-
- 300	-	- 300	-	-	-
0	-	-0	-0	-	-0

Remarks: _____

Signature: 





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CONDITIONS

Action 14767

CONDITIONS OF APPROVAL

Operator: DEVON ENERGY PRODUCTION COMPAN			333 West Sheridan Ave.	Oklahoma City, OK73102	OGRID: 6137	Action Number: 14767	Action Type: C-103Z
OCD Reviewer					Condition		
gcordero					None		