

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

Form C-103  
 Revised July 18, 2013

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. <b>30-015-41783</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>DEVON ENERGY PRODUCTION COMPANY, LP</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>333 W SHERIDAN AVE          OKLAHOMA CITY, OK 73102</b>		7. Lease Name or Unit Agreement Name <b>HACKBERRY 16 SWD</b>
4. Well Location Unit Letter <b>M</b> : <b>330</b> feet from the <b>SOUTH</b> line and <b>280</b> feet from the <b>WEST</b> line Section <b>16</b> Township <b>19S</b> Range <b>31E</b> NMPM County <b>EDDY</b>		8. Well Number <b>1</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3466 GL</b>		9. OGRID Number <b>6137</b>
10. Pool name or Wildcat <b>(97775)SWD;DEV-FUS-MON-SIMP-ELL</b>		

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: <b>BRADENHEAD TEST</b>	<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.

DEVON IS REPORTING IN RESPONSE TO NOTIFICATION OF UIC TESTING LETTER FOR DISTRICT 2, RECEIVED JANUARY 2024.  
 A BRADENHEAD TEST WAS PERFORMED ON THIS WELL ON 6/19/24.  
 BRADENHEAD TEST REPORT ATTACHED.

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 *Debbie Kilgore* TITLE FIELD ADMIN SUPPORT DATE 7/2/24  
 Type or print name DEBBIE KILGORE E-mail address: debbie.kilgore@dvn.com PHONE: 575-885-7513  
**For State Use Only**

APPROVED BY: *Kerry Fortner* TITLE Compliance Officer A DATE 8/26/24  
 Conditions of Approval (if any):

Southern District  
1625 N French Dr, Hobbs, NM 88240  
Phone: (575) 241-7063

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

## BRADENHEAD TEST REPORT

Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.		API Number 30-015-41783
Property Name HACKBERRY 16 SWD		Well No. 1

## 1. Surface Location

UL - Lot M	Section 16	Township 19S	Range 31E	Feet from 330	N/S Line SOUTH	Feet from 280	E/W Line WEST	County EDDY
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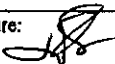
## Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	SWD	OIL	PRODUCER	GAS	DATE 06/19/24
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## OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cng	(E)Tubing
Pressure	0#	0#	1/1#	2#	2379
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: 		OIL CONSERVATION DIVISION
Printed name: John Smith		Entered into RBDMS
Title: New on Ensh 14 Lot 4		Re-test
E-mail Address:		
Date:	Phone: 575-705-6196	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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CONDITIONS

Action 360901

CONDITIONS

Operator: DEVON ENERGY PRODUCTION COMPANY, LP 333 West Sheridan Ave. Oklahoma City, OK 73102	OGRID: 6137
	Action Number: 360901
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	8/26/2024