

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

Rec'd 05/28/2020 - NMOCD

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-015-20341
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Todd 36 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Ingle Wells, Delaware

**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 SWD

2. Name of Operator  
DEVON ENERGY PRODUCTION CO LP

3. Address of Operator  
PO BOX 250, ARTESIA, NM 88210

4. Well Location  
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
 Section 36 Township 23S Range 31E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3499.4' GR

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

Please see attached MIT completed 5/4/2020 which started at 0, pressured up to 510#, ran over 30 minutes, and ended at 500#. This was a scheduled test only.

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 Denise Menoud TITLE ADMIN FIELD SUPPORT DATE 5/28/2020

Type or print name DENISE MENOUD E-mail address: denise.menoud@dvn.com PHONE: (575)746-5544  
**For State Use Only**

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 5/29/2020  
 Conditions of Approval (if any):

Submitted 5/19/20

**District II - Artesia**

811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

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

**BRADENHEAD TEST REPORT**

Operator Name <b>DEVON ENERGY</b>	API Number <b>30-015-20341</b>
Property Name <b>TODD 36 STATE</b>	Well No. <b>1 SWD</b>

**7. Surface Location**

UL - Lot <b>F</b>	Section <b>36</b>	Township <b>T23S</b>	Range <b>R-31E</b>	Feet from <b>1980'</b>	N/S Line <b>N</b>	Feet From <b>1980'</b>	W/E/W Line <b>W</b>	County <b>EDDY</b>
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**Well Status**

TA'D Well YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> <b>SWD</b> <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>5-4-2020</b>
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**OBSERVED DATA**

	(A) Surf-Intern.	(B) Intern. (1)	(C) Intern. (2)	(D) Prod Casing	(E) Tubing
Pressure					
<b>Flow Characteristics</b>					
Pull	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If applicable type
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Fluid injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

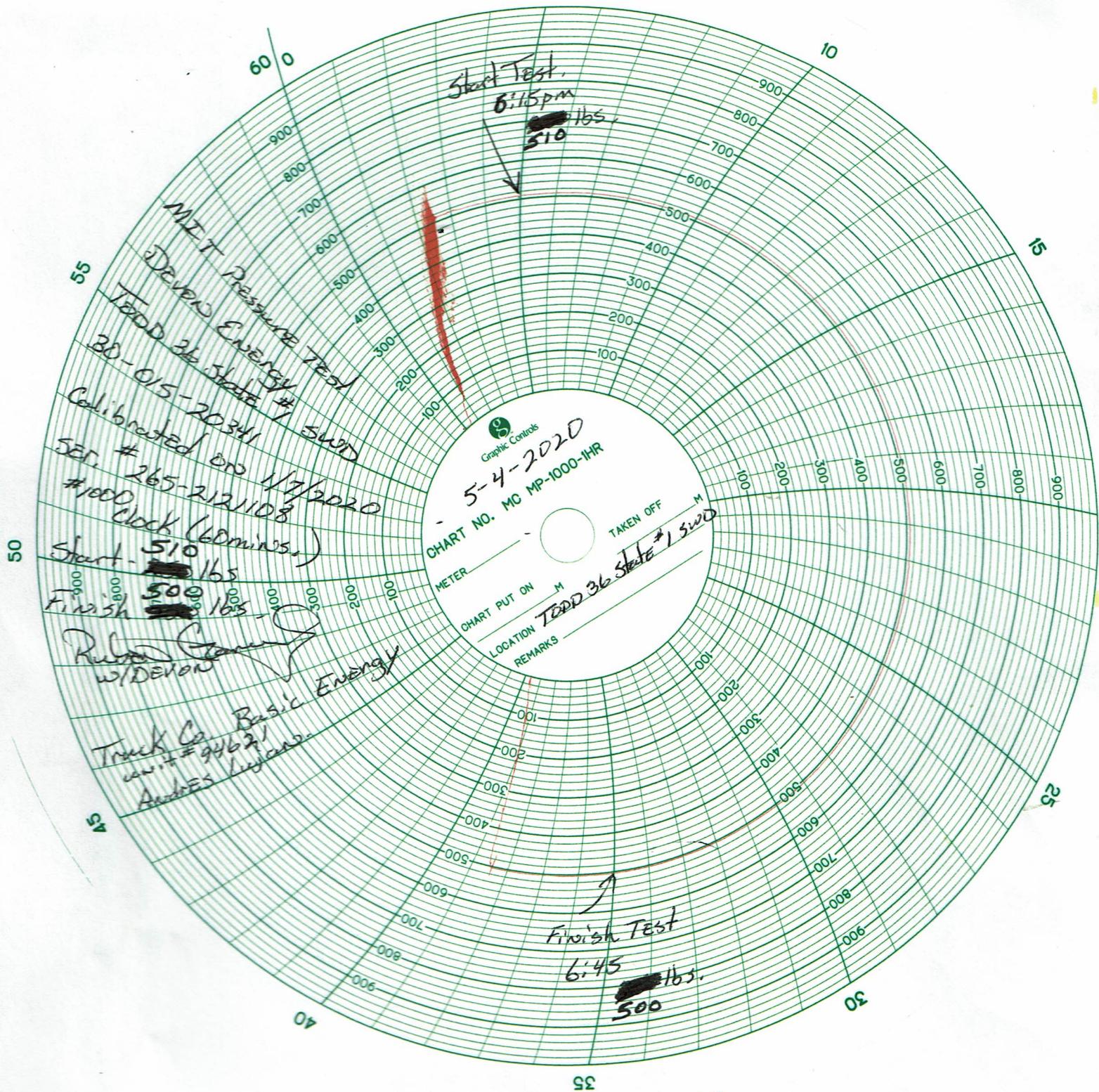
CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

*(This area contains faint, illegible text, likely bleed-through from the reverse side of the page.)*

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date:	Phone: 575-626-0836
Witness:	

Ruben Garcia.



Start Test,  
6:15pm  
~~510~~ lbs.

MIT Pressure Test  
DEVON ENERGY  
TEDD 36 State #1 SWD

30-015-20341  
Calibrated on 1/7/2020  
SER. # 265-2121108  
#1000  
Clock (60mins.)

Start - 510  
~~510~~ lbs.  
Finish - 500  
~~500~~ lbs.

Ruben [Signature]  
w/DEVON  
Basic Energy

Truck Co  
unit # 9462  
Andres [Signature]

Graphic Controls  
5-4-2020  
CHART NO. MC MP-1000-1HR  
METER \_\_\_\_\_ TAKEN OFF \_\_\_\_\_  
CHART PUT ON \_\_\_\_\_  
LOCATION TEDD 36 State #1 SWD  
REMARKS \_\_\_\_\_

Finish Test  
6:45  
~~510~~ lbs.  
500

# AMI

## Calibration Certificate

**Company Name:** Basic Energy

**Calibration Date:** 01/07/2020

**Recorder Type:** Barton

**Recorder Serial Number:** 265-2121108

**Recorder Pressure Range:** 0-1000 psi

**Accuracy +/-** 0.2% PSIG

**Recorder Temperature Range:**

**Accuracy +/-:** 1% Deg F

### **Increasing Pressure:**

Applied Pressure	Indicated Pressure	Error %
0.0#	0.0#	0
100#	100#	0
300#	300#	0
500#	500#	0
700#	700#	0
1000#	1000#	0

### **Decreasing Pressure:**

Applied Pressure	Indicated Pressure	Error %
800#	800#	0
600#	600#	0
400#	400#	0
200#	200#	0
0#	0#	0

### **Temperature Test (F):**

Applied Temperature	Indicated Temperature	Error %

This is to certify that this instrument has been inspected and calibrated using a certified 10,000 psi Crystal Gauge.

Calibrated By: Craig Sutherland

*Craig Sutherland*

Field Tech

Signed by: LB Admin

AMI  
416 E. Main Street  
Artesia, NM 88210  
(575)746-3481



316 S.S.

16

1000

