

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 Rec'd 05/28/2020 -- NMOCD
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

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| 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD | | WELL API NO. 30-015-32619 |
| 2. Name of Operator DEVON ENERGY PRODUCTION CO LP | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED X |
| 3. Address of Operator PO BOX 250, ARTESIA, NM 88210 | | 6. State Oil & Gas Lease No. BLM NMNM77046 |
| 4. Well Location Unit Letter <u>J</u> : <u>1400</u> feet from the <u>South</u> line and <u>1540</u> feet from the <u>East</u> line Section <u>8</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u> | | 7. Lease Name or Unit Agreement Name North Pure Gold 8 Fed |
| | | 8. Well Number <u>11</u> |
| | | 9. OGRID Number <u>6137</u> |
| | | 10. Pool name or Wildcat Cherry Canyon, Brushy Canyon |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | |

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

| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Scheduled MIT <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.

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.

MIT - did not zero - need to run base line - pressure fell below 500psi

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: **DENIED** DATE 5/29/2020
 Conditions of Approval (if any):

1:42pm

District II - Artesia

811 S. 1st 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 DEVON ENERGY | API Number 30-015-32619 |
| Property Name NORTH PURE GOLD & FEDERAL | Well No. #11 SWD |

| Surface Location | | | | | | | | | |
|---|----------------------|-------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|-----------------------|--|
| UL - Lot <input checked="" type="checkbox"/> | Section 08 | Township T23S | Range R31E | Feet from 1400' | N/S Line S | Feet From 1540' | E/W Line E | County EDDY | |

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

OBSERVED DATA

| | (A) Surf-Interm. | (B) Interm. (1) | (C) Interm. (2) | (D) Prod Casing | (E) Tubing |
|-----------------------------|---|------------------------------|------------------------------|---|---|
| Pressure | | | | | 962 |
| Flow Characteristics | | | | | |
| Puff | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | WTR <input checked="" type="checkbox"/> |
| Surges | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | GAS <input type="checkbox"/> |
| Down to nothing | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | If applicable type |
| Gas or Oil | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | fluid injected for |
| Water | Y/N <input checked="" type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | 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"/> |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|

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: 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

60/0

5

10

Start Test
1:45pm

MIT PRESSURE TEST

DEVON ENERGY
NORTH PURE BUILD #11 SWD

30-D15-32019 1/1/2020

55

Controlled by
SEER # 245-212108

Start PSI - 520

Finish PSI - 498

Pressure to Devon

50

Track Co. Basic Energy
unit # 94621

Andres Lujan



5-4-2020

CHART NO. MC MP-1000-IHR

METER _____

CHART PUT ON _____ M

TAKEN OFF _____ M

LOCATION NPG-8FED #11 SWD

REMARKS _____

Andres Test
2:15pm

45

40

35

30

25

20

PRINTED IN U.S.A.

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

