

Submit To Appropriate District Office Two Copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. First St., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised August 1, 2011  1. WELL API NO. <b>30-015-45940</b> 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.								
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>										
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 <b>TODD 36 STATE</b> 6. Well Number:  <b>715H</b>								
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										
8. Name of Operator <b>Devon Energy Production Company, L.P.</b>		9. OGRID <b>6137</b>								
10. Address of Operator <b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>		11. Pool name or Wildcat <b>WC-015 G-08 S233135D; WOLFCAMP</b>								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
<b>Surface:</b>	M	36	23S	31E		180	South	425	West	EDDY
<b>BH:</b>	D	36	23S	31E		11	North	800	West	EDDY
13. Date Spudded <b>8/26/19</b>	14. Date T.D. Reached <b>10/14/19</b>		15. Date Rig Released <b>10/17/19</b>		16. Date Completed (Ready to Produce) <b>4/3/20</b>			17. Elevations (DF and RKB, RT, GR, etc.) <b>3517.1 G</b>		
18. Total Measured Depth of Well  <b>17063 MD, 12033 TVD</b>			19. Plug Back Measured Depth  <b>16983</b>		20. Was Directional Survey Made?  <b>Yes</b>			21. Type Electric and Other Logs Run  <b>CBL</b>		
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>12181-16924, WOLFCAMP</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE	WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
13-3/8"	54.5		850		17-1/2"		1150		0	
8-5/8"	32		11357		10- 5/8"		2930		2370	
5-1/5"	20		17035		7-7/8"		1230		6950	
<b>24. LINER RECORD</b>										
SIZE	TOP		BOTTOM		SACKS CEMENT		SCREEN			
26. Perforation record (interval, size, and number)  <b>12181 - 16924, total 484 holes</b>							27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>12181-16924</b> Acidize and frac in 25 stages. See detailed summary attached.			
<b>28. PRODUCTION</b>										
Date First Production <b>4/3/20</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>Flowing</b>					Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>			
Date of Test <b>4/14/20</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl <b>1641</b>	Gas - MCF <b>5149</b>	Water - Bbl. <b>2002</b>	Gas - Oil Ratio <b>3137</b>			
Flow Tubing Press. <b>0 psi</b>	Casing Pressure <b>0 psi</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )				
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>Sold</b>							30. Test Witnessed By			
31. List Attachments  <b>Directional Survey, Logs</b>										
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										
Signature	Printed Name			Jenny Harms	Title	Regulatory Analyst	Date	5/6/2020		
E-mail Address		Jenny.Harms@dvn.com								

reviewed: 9/26/2020 ab

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

[illegible]

## OIL OR GAS SANDS OR ZONES

No. 1, from.....	to.....	No. 3, from.....	to.....
No. 2, from.....	N/A	No. 4, from.....	N/A
	N/A		N/A

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology