

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-015-40777
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 Peridot 13 State
8. Well Number 2H
9. OGRID Number 6137
10. Pool name or Wildcat Turkey Track; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3387.9

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

2. Name of Operator
Devon Energy Production Company, L.P.

3. Address of Operator
333 W. Sheridan, Oklahoma City, OK 73102

4. Well Location
 Unit Letter K : 2260 feet from the south line and 1520 feet from the west line
 Section 12 Township 19S Range 29E NMPM Eddy County

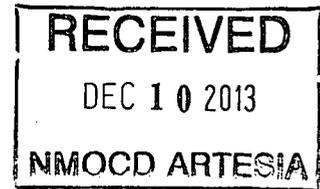
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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: Completion Report <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.

10/11/2013 - 11/07/2013

MIRU. Tested Csg to 1000 psi for 30 min. OK. Ran GR/CCL logs to surface. Perforated Bone Spring from 10,621 - 15,196'; 360 holes. Frac'd from 10,621 - 15,196' in 10 stages. Frac Totals: 30K gals 10.1-15% HCL acid, 236K # 100 Mesh white sd, 883K # 40/70 white sd, 482K # 20/40 Super LC prop. Drilled out frac plugs. PBTD @ 15204'. RIH w/2 7/8" tubing. EOT @ 7976.6'. Turn well over to production.



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

SIGNATURE Patti Riechers TITLE: Regulatory Specialist DATE 12/06/2013

Type or print name _____ E-mail address: patti.riechers@dvn.com PHONE: _____

For State Use Only

APPROVED BY: RP Dade TITLE Dist. H. Supervisor DATE 12/11/2013

Conditions of Approval (if any): _____