

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|--|--|--|
| ¹ Operator name and Address Devon Energy Production Company, L.P. 333 West Sheridan Avenue, Oklahoma City, OK 73102 | | ² OGRID Number 6137 |
| | | ³ Rea r Filing Code/ Effective Date NW / 3/31/14 |
| ⁴ API Number 30 - 015-41761 | ⁵ Pool Name Hackberry; Bone Spring, NW | ⁶ Pool Code 97020 |
| ⁷ Property Code 38356 | ⁸ Property Name Sirius 17 Fed | ⁹ Well Number 6H |

II. ¹⁰ Surface Location

| | | | | | | | | | |
|---------------|---------------|-----------------|--------------|---------|-----------------------|-------------------------|----------------------|-----------------------|----------------|
| UL or lot no. | Section 17 | Township 19S | Range 31E | Lot Idn | Feet from the 1700 | North/South Line FNL | Feet from the 240 | East/West line FEL | County Eddy |
|---------------|---------------|-----------------|--------------|---------|-----------------------|-------------------------|----------------------|-----------------------|----------------|

¹¹ Bottom Hole Location

| | | | | | | | | | |
|-----------------------------|---|--|-----------------------------------|------------------------------------|-------------------------------------|-------------------------|----------------------|-----------------------|----------------|
| UL or lot no. | Section 17 | Township 19S | Range 31E | Lot Idn | Feet from the 1717 | North/South line FNL | Feet from the 352 | East/West line FWL | County Eddy |
| ¹² Lse Code F | ¹³ Producing Method Code F | ¹⁴ Gas Connection Date 4/2/14 | ¹⁵ C-129 Permit Number | ¹⁶ C-129 Effective Date | ¹⁷ C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

| | | |
|---|---|---------------------|
| ¹⁸ Transporter OGRID | ¹⁹ Transporter Name and Address | ²⁰ O/G/W |
| 036785 | DCP Midstream P.O. Box 50020 Midland, TX 79710-0020 | G |
| 278421 | HollyFrontier 10 Desta Drive, Ste 350W Midland, TX 79710 | O |
| 051618 | Enterprise Field Services P.O. Box 4324 Houston, TX 77210-4324 | G |
| NM OIL CONSERVATION ARTESIA DISTRICT JUL 29 2014 | | |

IV. Well Completion Data

RECEIVED

| | | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|---|-----------------------|
| ²¹ Spud Date 1/30/14 | ²² Ready Date 3/28/14 | ²³ TD 12,506 / 8011 | ²⁴ PBT 12,458 | ²⁵ Perforations 8035-12,448 | ²⁶ DHC, MC |
| ²⁷ Hole Size | ²⁸ Casing & Tubing Size | ²⁹ Depth Set | ³⁰ Sacks Cement | | |
| 26 | 20 J-55 | 512 | 1134 sx C | | |
| 17 1/2 | 13 3/8 J-55 | 2,470 | 2,662 sx C | | |
| 12 1/4 | 9 5/8 LT&C | 4,216 | 1929 sx C | | |
| 8 3/4 | 5 1/2 HCP-110 | 12,506 | 1940 sx H; 415 sx C | | |

V. Well Test Data

| | | | | | |
|---------------------------------------|---|-----------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| ³¹ Date New Oil 3/31/14 | ³² Gas Delivery Date 4/2/14 | ³³ Test Date 4/8/14 | ³⁴ Test Length 24 hrs | ³⁵ Tbg. Pressure 440 | ³⁶ Csg. Pressure 205 |
| ³⁷ Choke Size | ³⁸ Oil 126 | ³⁹ Water 1807 | ⁴⁰ Gas 363 | | ⁴¹ Test Method Flow |

| | | | |
|--|------------------------|---|--|
| ⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Tami Laird</i> | | OIL CONSERVATION DIVISION Approved by: <i>T. C. Shepard</i> Title: "Geologist" Approval Date: <i>8-7-2014</i> | |
| Printed name: Tami Laird | | | |
| Title: Regulatory Analyst | | | |
| E-mail Address: tami.laird@dvn.com | | | |
| Date: 6/19/14 | Phone: 405-228-2816 | | |

*Provide signature page for
Directional Survey
(Weatherford)*

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

| Section 1 - Completed by Operator | |
|--|---|
| 1. BLM Office* Carlsbad, NM | 2. Well Type* OIL |
| 3. Completion Type* New Well | |
| Operating Company Information | |
| 4. Company Name* DEVON ENERGY CORPORATION | |
| 5. Address* 333 WEST SHERIDAN AVE OKLAHOMA CITY OK 73102 | 6. Phone Number* 405-228-2816 |
| Administrative Contact Information | |
| 7. Contact Name* TAMI _ SHIPLEY | 8. Title* REGULATORY ANALYST |
| 9. Address* 333 WEST SHERIDAN AVENUE OKLAHOMA CITY OK 73102 | 10. Phone Number* 405-228-2816 |
| | 11. Mobile Number |
| 12. E-mail* tami.laird@dvn.com | 13. Fax Number |
| Technical Contact Information | |
| <input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact. | |
| 14. Contact Name* | 15. Title* NM OIL CONSERVATION ARTESIA DISTRICT |
| 16. Address* | 17. Phone Number* AUG 05 2014 |
| | 18. Mobile Number RECEIVED |
| 19. E-mail* | 20. Fax Number |
| Surface | |

Pending BLM approvals will
subsequently be reviewed
and scanned

tes

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract
 b) State, County, Latitude, Longitude, Metes & Bounds description

| | | | | |
|---------------------|----------------------------------|------------------|-------------------------|------------------------|
| State* NM | County or Parish* EDDY | | | |
| Section 17 | Township 19S | Range 31E | Meridian | |
| Qtr/Qtr — | Lot # — | Tract # — | N/S Footage 1700 FNL | E/W Footage 240 FEL |
| Latitude — | Longitude — | Metes and Bounds | | |

Producing Interval Location

22. Specify location or

☒ Check here if the producing hole location is the same as the surface location.

| | | | | |
|--------------------|-------------------------------|------------------|------------------|------------------|
| State* — | County or Parish* — | | | |
| Section — | Township — | Range — | Meridian | |
| Qtr/Qtr — | Lot # — | Tract # — | N/S Footage — | E/W Footage — |
| Latitude — | Longitude — | Metes and Bounds | | |

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

| | | | | |
|---------------------|----------------------------------|------------------|-------------------------|------------------------|
| State* NM | County or Parish* EDDY | | | |
| Section 17 | Township 19S | Range 31E | Meridian | |
| Qtr/Qtr — | Lot # — | Tract # — | N/S Footage 1717 FNL | E/W Footage 352 FWL |
| Latitude — | Longitude — | Metes and Bounds | | |

Lease and Agreement

| | |
|---|---|
| 24. Lease Serial Number* NMNM99040 | |
| 26. If Unit or CA/Agreement, Name and/or Number — | 27. Field and Pool, or Exploratory Area* HACKBERRY; BONE SPRING |

Well

| | | |
|--|-------------------------------|---------------------------------------|
| 28. Well Name* SIRIUS 17 FED | 29. Well Number* 6H | 30. API Number 30-015-41761 |
|--|-------------------------------|---------------------------------------|

| | |
|--------------------------------------|-----------------------------------|
| Production Method Flows From Well | Well Status Producing Oil Well |
|--------------------------------------|-----------------------------------|

46. Production - Interval A

| Date First Produced | Test Date | Hours Tested | Test Production | Oil (BBL) | Gas (MCF) | Water (BBL) | Oil Gravity Corr. API | Gas Gravity |
|---------------------|--------------------------------------|-----------------|-----------------|-----------|-----------|-------------|-----------------------|-------------|
| 03/31/2014 | 04/08/2014 | 24 | >>>>> | 126 | 363 | 1807 | ___ | ___ |
| Choke Size | Tubing Pressure Flowing / Shut In | Casing Pressure | 24 Hour Rate | Oil (BBL) | Gas (MCF) | Water (BBL) | Gas/Oil Ratio | |
| ___ | 440 | 205 | >>>>> | 126 | 363 | 1807 | ___ | ___ |

47. Production - Interval B

| Date First Produced | Test Date | Hours Tested | Test Production | Oil (BBL) | Gas (MCF) | Water (BBL) | Oil Gravity Corr. API | Gas Gravity |
|---------------------|--------------------------------------|-----------------|-----------------|-----------|-----------|-------------|-----------------------|-------------|
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |
| Choke Size | Tubing Pressure Flowing / Shut In | Casing Pressure | 24 Hour Rate | Oil (BBL) | Gas (MCF) | Water (BBL) | Gas/Oil Ratio | |
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |

48. Production - Interval C

| Date First Produced | Test Date | Hours Tested | Test Production | Oil (BBL) | Gas (MCF) | Water (BBL) | Oil Gravity Corr. API | Gas Gravity |
|---------------------|--------------------------------------|-----------------|-----------------|-----------|-----------|-------------|-----------------------|-------------|
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |
| Choke Size | Tubing Pressure Flowing / Shut In | Casing Pressure | 24 Hour Rate | Oil (BBL) | Gas (MCF) | Water (BBL) | Gas/Oil Ratio | |
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |

49. Production - Interval D

| Date First Produced | Test Date | Hours Tested | Test Production | Oil (BBL) | Gas (MCF) | Water (BBL) | Oil Gravity Corr. API | Gas Gravity |
|---------------------|--------------------------------------|-----------------|-----------------|-----------|-----------|-------------|-----------------------|-------------|
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |
| Choke Size | Tubing Pressure Flowing / Shut In | Casing Pressure | 24 Hour Rate | Oil (BBL) | Gas (MCF) | Water (BBL) | Gas/Oil Ratio | |
| ___ | ___ | ___ | >>>>> | ___ | ___ | ___ | ___ | ___ |

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

51. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

| Formation | Top | Bottom | Descriptions, Contents, etc. | Name | Top (MD) |
|-----------|------|--------|------------------------------|---------|----------|
| RUSTLER | 435 | 520 | BARREN | RUSTLER | 435 |
| SALADO | 520 | 2026 | BARREN | SALADO | 520 |
| TANSIL | 2026 | 2127 | BARREN | TANSIL | 2026 |
| YTES | 2127 | 2412 | OIL | YTES | 2127 |
| SVRV | 2412 | 2499 | OIL | SVRV | 2412 |

52. Formation (Log) Markers

| | | | | | |
|----------|------|------|-----|----------|------|
| CAPITAN | 2499 | 2785 | OIL | CAPITAN | 2499 |
| QUEEN | 2785 | 4822 | OIL | QUEEN | 2785 |
| DELAWARE | 4822 | 6552 | OIL | DELAWARE | 4822 |

53. Additional remarks (include plugging procedure):

Capitan 2499 2785 Oil for all of the rest

Queen 2785 4822

Delaware 4822 6552

1st BSLM 6552 8008

1st BSSS 8008 8023

1st BSPGCDM 8023 8166

1st BSPG Base 8166 8214

1st BSPG mid cdm 8214 Unknown

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name

TAMI_SHIPLEY

56. Title

REGULATORY ANALYST

57. Date* (MM/DD/YYYY)

08/04/2014 Today

58. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate

_____ has been issued to you.

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Section 2 - System Receipt Confirmation59. Transaction
_____60. Date Sent
_____61. Processing Office
_____**Section 3 - Internal Review #1 Status**62. Review Category
_____63. Date Completed
_____64. Reviewer Name
_____65. Comments

Section 4 - Internal Review #2 Status66. Review Category
_____67. Date Completed
_____68. Reviewer Name
_____69. Comments

Section 5 - Internal Review #3 Status70. Review Category
_____71. Date Completed
_____72. Reviewer Name
_____73. Comments

Section 6 - Internal Review #4 Status74. Review Category
_____75. Date Completed
_____76. Reviewer Name
_____77. Comments

Section 7 - Final Approval Status78. Disposition
_____80. Reviewer Name
_____81. Reviewer Title

| | | | |
|--------------|-----------------------------|--|--|
| | 79. Date Completed _____ | | |
| 82. Comments | | | |

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.