

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 August 1, 2011

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

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.)		WELL API NO. 30-015-42113
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Snapping 2 State
4. Well Location Unit Letter <u>N</u> : <u>200</u> feet from the <u>South</u> line and <u>2375</u> feet from the <u>West</u> line Section <u>2</u> Township <u>26S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number 13H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3237.1		9. OGRID Number 6137
		10. Pool name or Wildcat Jennings; Bone Spring, West

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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	Completion <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.

10/9/14-1/18/15: MIRU WL & PT. TIH & ran CBL, found ETOC @ 736'. TIH & set csg patch across DVT. Spaced out to have csg patch top @ 5001.42'. Began hydraulic expansion of patch to shut off DVT leak at 5010'. Bottom of patch @ 5020.64'. PT BOP, casing and casing patch to 4600 psi for 10 min, had no pressure loss. TIH w/pump through frac plug and guns. Perf Bone Spring, 11720'-15932', total 768 holes. Frac'd 11720'-15932' in 16 stages. Frac totals 48,000 gals 7.5% HCl Acid, 1,296,200 # 100 Mesh, 3,151,130 # 40/70 Sand, 1,435,620 # 30/50 Black Ultra Sand. ND frac, MIRU PU, NU BOP, DO plugs. CHC, FWB, ND BOP. RIH w/331 jts 2-7/8" L-80 tbg, set @ 10869'. TOP.

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

SIGNATURE Megan Moravec TITLE Regulatory Compliance Analyst DATE 2/26/2015

Type or print name Megan Moravec E-mail address: megan.moravec@dmn.com PHONE: _____

For State Use Only -

APPROVED BY: [Signature] TITLE Asst. Reg. Sec. DATE 3/10/15
Conditions of Approval (if any): _____