

ARTESIA DISTRICT

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1600 Rio Brazos Rd., Aztec, NM 87410 District IV 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>RECEIVED</b> Form C-105 Revised August 1, 2011  1. WELL API NO. <b>30-015-43027</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>Ark 36 State</b> 6. Well Number:  <b>2H</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. OORID <b>6137</b>						
10. Address of Operator  <b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>				11. Pool name or Wildcat  <b>Livingston Ridge; Bone Spring</b>						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	N	36	22S	31E		171	South	1353	West	Eddy
BH:	D	36	22S	31E		336	North	575	West	Eddy
13. Date Spudded 8/15/15	14. Date T.D. Reached 9/5/15	15. Date Rig Released 9/6/15		16. Date Completed (Ready to Produce) 4/26/17		17. Elevations (DF and RKB, RT, GR, etc.) 3454 GL				
18. Total Measured Depth of Well  16118 MD, 11569 TVD			19. Plug Back Measured Depth  16031		20. Was Directional Survey Made?  Yes		21. Type Electric and Other Logs Run  CBL			
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>11802-16020, Bone Spring</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	
13.375	54.5		710		17.5		855 Class C; circ 71 bbls			
9.625	40		4340		12.25		1335 Class C; circ 93 bbls			
7	29		12090		8.75		1045 Class C; circ 0			
4.5	13.5		16118		6.125		480 Class H; circ 23 bbls			
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT		SCREEN					
26. Perforation record (interval, size, and number)  11802 - 16020, total 600 holes						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 11802-16020      Acidize and frac in 25 stages. See detailed summary attached.				
<b>28. PRODUCTION</b>										
Date First Production  4/26/17		Production Method (Flowing, gas lift, pumping - Size and type pump)  Flowing				Well Status (Prod. or Shut-in)  Producing				
Date of Test 5/10/17	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
				1131	2559	2404				
Flow Tubing Press. 2083 psi	Casing Pressure 1541 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.)  Sold						30. Test Witnessed By				
31. List Attachments  Directional Survey, Logs										
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 Printed Name _____ Title _____ Regulatory Analyst _____ Date 6/8/2017 Signature _____ E-mail Address Chance.Bland@dvn.com Please refer to the New Mexico Oil										

4

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

From	To	Thickness In Feet	Lithology