

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. 30-015-28005
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 TODD 36E STATE
8. Well Number 3
9. OGRID Number 6137
10. Pool name or Wildcat INGLE WELLS; DELAWARE

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, LP.

3. Address of Operator
333 WEST SHERIDAN AVENUE, OKC, OK 73102

4. Well Location
 Unit Letter E : 1650 feet from the NORTH line and 330 feet from the WEST line
 Section 36 Township 23S Range 31E NMPM, County New Mexico

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3495'

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: BRADENHEAD - ACOI COMPLIANCE <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.

Devon Energy Production Company, LP respectfully submits results of Bradenhead test for compliance to the ACOI agreement approved on December 19, 2016. Test completed on 05/01/2018

Attachment: Bradenhead Results

HOBBS OCD

JUL 11 2018

RECEIVED

RECEIVED

JUL 18 2018

DISTRICT II-ARTESIA O.C.D.

** See ACOI Order #1*



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

SIGNATURE Erin Workman TITLE Regulatory Compliance Analyst DATE 05/07/18

Type or print name Erin Workman E-mail address: Erin.workman@dvn.com PHONE: (405)552-7970

For State Use Only

APPROVED BY: **DENIED** TITLE **DENIED** DATE 7-18-18
 Conditions of Approval (if any):



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-8178 FAX: (505) 334-8170
<http://emrnr.state.nm.us/ocd/District/333district.htm>

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 5-1-18 Operator Deron API #30-0 15-28005
Property Name Todd 36E Well No. 3 Location: Unit 5 Section 36 Township 23S Range 31
Well Status (Shut-In or Producing) Initial PSI: Tubing 0 Intermediate NA Casing 100 Bradenhead 0

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

Testing	PRESSURE				
	BH	Bradenhead		INTERM	
TIME		Int	Csg	Int	Csg
5 min	0	NA	100	NA	
10 min	0		100		
15 min	0		100		
20 min	0		100		
25 min	0		100		
30 min	0		100		

	FLOW CHARACTERISTICS	
	BRADENHEAD	INTERMEDIATE
Steady Flow		
Surges		
Down to Nothing		
Nothing	X	
Gas		
Gas & Water		
Water		

If bradenhead flowed water, check all of the descriptions that apply below: NA

CLEAR _____ FRESH _____ SALTY _____ SULFUR _____ BLACK _____

5 MINUTE SHUT-IN PRESSURE BRADENHEAD 0 INTERMEDIATE NA

REMARKS: No pressure on Braden head,

By Chris West
Assistant Foreman
(Position)

Witness _____

E-mail address christopher.west@dmn.com