

Submit 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

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. 30-015-29714
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP.		6. State Oil & Gas Lease No.
3. Address of Operator 333 WEST SHERIDAN AVENUE, OKC, OK 73102		7. Lease Name or Unit Agreement Name Indian Draw 13
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>13</u> Township <u>22S</u> Range <u>27E</u> NMPM EDDY CO., NEW MEXICO		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3088'		9. OGRID Number 6137
		10. Pool name or Wildcat (972777) Esperanza; Bone Spring, South

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: Braden Head Test <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 08/20/18

NM OIL CONSERVATION
ARTESIA DISTRICT

Attachment: Bradenhead Results

AUG 17 2018

RECEIVED

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 08/20/2018

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 8-31-18
Conditions of Approval (if any):

District I

1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

**State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office**

BRADENHEAD TEST REPORT

Operator Name DEVON ENERGY		API Number 3001529714
Property Name Carlsbad South		Well No. Indian Draw 13-1

7. Surface Location

UL - Lot K	Section 13	Township 22S	Range 27E		Feet from 1980	N/S Line SOUTH	Feet From 1980	E/W Line WEST	County EDDY
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Well Status

TA'D Well		SHUT-IN		INJECTOR		PRODUCER		DATE	
YES	NO	YES	NO	INJ	SWD	OIL	GAS	8-20-18	

GC

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>0</u>		<u>0</u>	<u>40</u>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood

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

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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

- A. Light puff no pressure or flow.
- B. Light puff no pressure or flow.

Signature: Ray Carter		OIL CONSERVATION DIVISION	
Printed name: Ray Carter		Entered into RBDMS	
Title: Assistant Foreman		Re-test	
E-mail Add ray.carter@dmv.com			
Date: 8/20/18	Phone: 575 513 0956		
	Witness:		