Submit Copy To Appropriate District Office	State of New M	exico		Form C-103		
District I - (575) 393-6161	Energy, Minerals and Nat	ural Resources	Revised July 18, 2013			
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.			
811 S. First St., Artesia, NM 88210	OIL CONSERVATION	I DIVISION	30-015-29714 5. Indicate Type of Lease			
District III - (505) 334-6178	1220 South St. Fra	ncis Dr.	STATE	FEE 🔯		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Lea			
1220 S. St. Francis Dr., Santa Fe, NM			o. State on & Gas Edi			
87505	ICES AND REPORTS ON WELL		7 Lassa Nama an Lini	4. A Nl		
	ICES AND REPORTS ON WELL ISALS TO DRILL OR TO DEEPEN OR PI		7. Lease Name or Uni Indian Draw 13	t Agreement Name		
DIFFERENT RESERVOIR. USE "APPL	CATION FOR PERMIT" (FORM C-101) I		8. Well Number 1			
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other		o. Well Nulliber			
2. Name of Operator	Cas well & Other		9. OGRID Number			
	ON ENERGY PRODUCTION CO	MPANY, LP.	1	137		
3. Address of Operator	10. Pool name or Wildcat					
333 W	'EST SHERIDAN AVENUE, OKO	, OK 73102	(972777) Esperanza; B	Sone Spring, South		
4. Well Location						
Unit Letter <u>K</u> :	1980 feet from the South	line and19	feet from the	West line		
Section 13 T	ownship 22S Range 27	E NMP	M EDDY CO., NEW N	MEXICO		
	11. Elevation (Show whether Di					
	30	38'	·			
12. Check	Appropriate Box to Indicate I	Nature of Notice,	Report or Other Data	a		
NOTICE OF I	ITENTION TO	1 0110	OFOLIENT DEDO	T 05		
NOTICE OF IN	SEQUENT REPOR					
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK		ERING CASING ND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		NDA 🗆		
FULL ON ALTER CASING		CASING/CEIVIEN	1308			
DOWNHOLE COMMINGLE		l .				
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM						
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:		OTHER: Brade	en Head Test	oxtimes		
CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or compared to the compared t	Deleted operations. (Clearly state all	pertinent details, and	d give pertinent dates, in	cluding estimated date		
OTHER: 13. Describe proposed or compostarting any proposed w	ork). SEE RULE 19.15.7.14 NMA	pertinent details, and	d give pertinent dates, in	cluding estimated date		
CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or compared to the compared t	ork). SEE RULE 19.15.7.14 NMA	pertinent details, and	d give pertinent dates, in	cluding estimated date		
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CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or compost of starting any proposed we proposed completion or re Devon Energy Product	ork). SEE RULE 19.15.7.14 NMA completion. ion Company, LP respectfully	pertinent details, and C. For Multiple Cor submits results of	d give pertinent dates, in npletions: Attach wellbo	cluding estimated date ore diagram of		
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▲ <u>District 1</u> 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							3001529714 API Number						
Property Name Carlsbad South									Well No. Indian Draw 13-1			ell No. Draw 13-1	
^{7.} Surface Location													
UL - Lot Section Township Range Feet from N/S Line K 13 22S 27E 1980 SOUTH									Feet From 1980		E/W Line WEST	County EDDY	
Well Status													
TA'D Well SHUT-IN			INJECTOR				PROI	DDUCER		DATE			
YES NO YES NO			NO INJ SWD			OIL	ر.	GAS	8-20-18				
	OBSERVED DATA												
		•	(A)Sur	rf-Interm	(B)Inter	m(1)		(C)In	term(2)		(D)Prod	Csng	(E)Tubing
Pressure	· ·		0		<u>0</u>						Ω		<u>40</u>
Flow Charac	teristics					•							
Puff	,			 	Y	/ N	Y/N			Y / N	CO2		
Steady F	low				Y	/ N	Y/N		- 	Y / N	WTR		
Surge	Surges Y / N			Y / N			Y/N		 	Y / N	GAS		
Down to no	Down to nothing Y / N			Y / N				Y7 N			Y 7 N	If applicable type	
Gas or (Gas or Oil Y / N			Y/N				Y / N			Y / N	fluid injected for	
Water	Water Y/N			Y / N	Y/N				Y / N			Y / N	Waterflood
If bradenhead	If bradenhead flowed water, check all of the descriptions that apply:												
	•												
	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: Ra	y Carter										OIL CONS	FRVATIO	N DIVISION
Printed name: Pay Corter								\longrightarrow	Entered into RBDMS				
Printed name: Ray Carter Title: Assistant Foreman							\longrightarrow	Re-test					
Title: Assistant Foreman E-mail Add ray.carter@dvn.com								146-1					
Date: 8/20/18 Phone: 575 513 0956													
Witness:													