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

Form C-103
Revised August 1, 2011

WELL API NO.	30-015-45268
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	Spud Muffin 31-30
8. Well Number	624H
9. OGRID Number	6137
10. Pool name or Wildcat	PURPLE SAGE ; WOLFCAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:	

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, L.P.

3. Address of Operator: 333 West Sheridan, Oklahoma City, OK 73102

4. Well Location
Unit Letter P : 485 feet from the South line and 250 feet from the East line
Section 31 Township 23S Range 29E NMPM County EDDY

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: <u>Amended</u> 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.

06/26/2019-10/10/2019: MIRU WL & PT Good to 5000 PSI in 1000 PSI increments 15 mins., then TSTD Good to 12,500 PSI for 30 min. TIH & ran CBL, found TOC @ 1870'. TIH w/pump through frac plug and guns. Perf Wolfcamp, 10,221'- 19,842. Frac totals 19,461,620#PROP., 0g acid, & 345,554.10 bbls. Fluid. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBDT 19,955'. CHC, FWB, ND BOP. No tubing sat at this time. TOP.

Does Not Meet OCD Requirements
Tested casing since?

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

SIGNATURE: _____ TITLE: Regulatory Analyst DATE: 12/5/2019

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

For State Use Only **DENIED** APPROVED BY: _____ TITLE: **DENIED** DATE: 12/9/19
Conditions of Approval (if any):