

R: 2/21/20

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88201 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico Energy, Minerals and Natural Resources <b>RECEIVED</b> <b>JAN 10 2020</b> Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 Revised August 1, 2011				
		1. WELL API NO. 30-015-45644								
		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 LONE TREE DRAW 14-13 STATE COM				
						6. Well Number: 336H				
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						CONFIDENTIAL				
8. Name of Operator Devon Energy Production Company, L.P.										
10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102						9. OGRID 6137				
11. Pool name or Wildcat CARLSBAD; BONE SPRING, EAST										
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	14	21S	27E		377	South	172	West	EDDY
BH:	P	13	21S	27E		353	South	102	East	EDDY
13. Date Spudded 6/30/19	14. Date T.D. Reached 7/23/19	15. Date Rig Released 7/28/19		16. Date Completed (Ready to Produce) 11/21/19		17. Elevations (DF and RKB, RT, GR, etc.) 3259 GL				
18. Total Measured Depth of Well 19172 MD, 9098 TVD		19. Plug Back Measured Depth 19153		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run				
22. Producing Interval(s), of this completion - Top, Bottom, Name 9098-19142, BONE SPRING, EAST										
<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		307		17.5		530 SX CLC; circ 259		
9.625		40		2765		12.25		525 SX CLC; circ 160		
5.5		20		19157		8.5		2640 SX CLPOX MIX; circ 267		
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		25. TUBING RECORD				
						SIZE		DEPTH SET	PACKER SET	
						2.875 L-80		8447		
26. Perforation record (interval, size, and number) 9098 - 19142, total 808 holes										
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED 9098-19142    Acidize and frac in 42 stages. See detailed summary attached.										
<b>28. PRODUCTION</b>										
Date First Production 11/21/19		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Producing				
Date of Test 12/3/19	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 1417	Gas - MCF 3521	Water - Bbl. 3518	Gas - Oil Ratio 2484			
Flow Tubing Press. 2859 psi	Casing Pressure 530 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										
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										
Signature 		Printed Name Erin Workman		Title Regulatory Analyst		Date 1/9/2020				
E-mail Address Erin.Workman@dvn.com										

# 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