

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011 1. WELL API NO. 30-015-40503 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
--	---	---

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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 Burton Flat Deep Unit 6. Well Number: 54H									
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	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 21 2014 </div>									
8. Name of Operator Devon Energy Production Company, L.P.	9. OGRID 6137									
10. Address of Operator 333 West Sheridan Avenue, Oklahoma City, OK 73102	11. Pool name or Wildcat Avalon; Bone Spring									
12. Location	Unit-Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	2	21S	27E		1570	South	50	West	Eddy
BH:	P	2	21S	27E		668	South	330	East	Eddy
13. Date Spudded 10/17/13	14. Date T.D. Reached 11/1/13	15. Date Rig Released 11/3/13		16. Date Completed (Ready to Produce) 1/31/14		17. Elevations (DF and RKB, RT, GR, etc.) 3186 GL				
18. Total Measured Depth of Well 12540' MD, 7499.65' TVD		19. Plug Back Measured Depth 12532'		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run Gamma Ray				
22. Producing Interval(s), of this completion - Top, Bottom, Name 7789-12510, Bone Spring										

23. CASING RECORD (Report all strings set in well)						
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	
13-3/8"	68#	754	17-1/2"	845 sx CIC cmt; circ 12 bbls		
9-5/8"	40#	2800	12-1/4"	1120 sx CIH Cmt; circ 20 bbls		
5-1/2"	17#	12540	8-3/4"	2610 sx CIC cmt; circ 101 bbls	TOC @ 202	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-7/8" L-80	7118.6	

26. Perforation record (interval, size, and number) 7789 - 12510, total 432 holes	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">DEPTH INTERVAL</th> <th style="width:50%;">AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>7789-12510</td> <td>Acidize and frac in 12 stages. See detailed summary attached.</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	7789-12510	Acidize and frac in 12 stages. See detailed summary attached.
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED				
7789-12510	Acidize and frac in 12 stages. See detailed summary attached.				

28. PRODUCTION							
Date First Production 1/31/14		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) Flowing			Well Status (<i>Prod. or Shut-in</i>) Producing		
Date of Test 2/6/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 750	Gas - MCF 1382	Water - Bbl 937	Gas - Oil Ratio 1842.667
Flow Tubing Press. 550 psi	Casing Pressure 590 psi	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)	

29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Sold	30. Test Witnessed By
--	-----------------------

31. List Attachments
Directional Survey, Logs

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 *Megan Moravec* Printed Name **Megan Moravec** Title **Regulatory Compliance Analyst** Date **2/20/2014**
 E-mail Address **megan.moravec@dvn.com**

