

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 & Natural Resources

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Devon Energy Production Company, L.P. 333 West Sheridan, Oklahoma City, OK 73102		<sup>2</sup> OGRID Number 6137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW / 9/29/14
<sup>4</sup> API Number 30-015-41914	<sup>5</sup> Pool Name Lusk; Bone Spring, West	<sup>6</sup> Pool Code 41480
<sup>7</sup> Property Code 39414	<sup>8</sup> Property Name Aquila 22 Fed Com	<sup>9</sup> Well Number 13H

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	23	19S	31E		2400	North	140	West	Eddy

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	22	19S	31E		2056	South	360	West	Eddy

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	F	9/29/14			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
278421	Holly-Frontier 10 Desta Drive, Ste 350W Midland, TX 79710	Oil
036785	DCP Midstream P.O. Box 50020 Midland, TX 79710-0020	Gas
<b>NM OIL CONSERVATION</b> ARTESIA DISTRICT NOV 06 2014		

**IV. Well Completion Data**

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<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTD	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
6/12/14	9/29/14	14045	13998	9381 - 13988	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
26"	20"	685	1650 sx cmt; Circ 400 sx		
17-1/2"	13-3/8"	2568	1890 sx cmt; Circ 276 sx		
12-1/4"	9-5/8"	4333	4394 sx cmt; Circ 3 bbls		
8-1/2"	5-1/2"	14045	2560 sx cmt; Circ 179 sx		

**V. Well Test Data**

Tubing: 2-7/8"

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
10/24/14	10/24/14	10/24/14	24 hrs	310 psi	140 psi
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
	360 bbl	705 bbl	202 mcf		

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Megan Moravec*

Printed name: Megan Moravec

Title: Regulatory Compliance Analyst

E-mail Address: megan.moravec@dvn.com

Date: 11/4/2014

Phone:

OIL CONSERVATION DIVISION	
Approved by: <i>[Signature]</i>	Title: <i>[Signature]</i>
Approval Date: 12-17-14	

Pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

5. Lease Serial No. **BHL: NMNM92767**

1a. Type of Well  Oil Well  Gas Well  Dry  Other  
 b. Type of Completion:  New Well  Work Over  Deepen  Plug Back  Diff. Reserv.,  
 Other: \_\_\_\_\_

6. If Indian, Allottee or Tribe Name  
 7. Unit or CA Agreement Name and No.

2. Name of Operator **Devon Energy Production Company, L.P.**

8. Lease Name and Well No.  
**Aquila 22 Fed Com 13H**

3. Address **333 West Sheridan Ave, Oklahoma City, OK 73102** 3a. Phone No. (include area code) **405-228-4248**

9. AFI Well No.  
**30-015-41914**

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
 At surface **2400' FNL & 140' FWL Unit E, Sec 23, T19S, R31E**

10. Field and Pool or Exploratory  
**Lusk; Bone Spring, West**

11. Sec. T., R., M., on Block and Survey or Area  
**Sec 23, T19S, R31E**

12. County or Parish **Eddy** 13. State **NM**

At top prod. interval reported below  
 At total depth **2056' FSL & 360' FWL Unit L, Sec 22, T19S, R31E**

14. Date Spudded **6/12/14** 15. Date T.D. Reached **7/16/14** 16. Date Completed **9/29/14**  
 D & A  Ready to Prod.

17. Elevations (DF, RKB, RT, GL)\*  
**GL: 3540.8**

18. Total Depth: MD **14045** TVD **9104.35** 19. Plug Back T.D.: MD **13998** TVD

20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
**Gamma Ray**

22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit report)  
 Directional Survey?  No  Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
26"	20" J-55	94#	0	685		1650 sx cmt		0	400 sx
17-1/2"	13-3/8" J-55	68#	0	2568		1890 sx cmt		0	276 sx
12-1/4"	9-5/8" J-55	40#	0	4333	DV @ 2597.3	4394 sx cmt		0	3 bbls
8-1/2"	5-1/2" HCP-110	17#	0	14045	DV @ 5521.8	2560 sx cmt		80	179 sx

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-7/8"	8807							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 1st Bone Spring SS	9381	13988	9381 - 13988		400	open
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
9381 - 13988	58,978 gals 15% HCl Acid, 1,874,378 # 30/50 White, 721,972 # 20/40 SLC

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method	Flow
9/29/14	10/24/14	24	→	360	202	705				
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status		
	310psi	140psi	→				561			

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate						
			→						

\*(See instructions and spaces for additional data on page 2)

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ARTESIA DISTRICT

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28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
1st Bone Spring	7976			RSTL	647
				Salt	827
				Salt Base	2158
				TNSL	2219
				YTES	2320
				SVRV	2522
				CPTN	2626
				QUEN	3758
				SNDR	4220
				DLWR	4489
				CYCN	4546
				BRCN	5011
		BRCL	6678		
		1BSLM	6994		

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- Electrical/Mechanical Logs (1 full set req'd.)     
  Geologic Report     
  DST Report     
  Directional Survey  
 Sundry Notice for plugging and cement verification     
  Core Analysis     
  Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) Megan Moravec Title Regulatory Compliance Analyst  
 Signature *Megan Moravec* Date 11/4/2014

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

5. Lease Serial No. **BHL: NMNM92767**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

Oil Well     Gas Well     Other

8. Well Name and No.  
**Aquila 22 Fed Com 13H**

2. Name of Operator  
**Devon Energy Production Company, L.P.**

9. API Well No.  
**30-015-41914**

3a. Address  
**333 West Sheridan, Oklahoma City, OK 73102**

3b. Phone No. (include area code)  
**405-228-4248**

10. Field and Pool or Exploratory Area  
**Lusk; Bone Spring, West**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**2400' FNL & 140' FWL Unit E, Sec 23, T19S, R31E**  
**2056' FSL & 360' FWL Unit L, Sec 22, T19S, R31E**

**PP: 2572' FSL & 113' FEL**

11. Country or Parish, State  
**Eddy, NM**

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Completion Report</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

8/6/14-9/29/14: MIRU WL & PT. TIH & ran CBL, found ETOC @ 80'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9381'-13988', total 400 holes. Frac'd 9381'-13988' in 10 stages. Frac totals 58,978 gals 15% HCl Acid, 1,874,378 # 30/50 White, 721,972 # 20/40 SLC. ND frac, MIRU PU, NU BOP, DO plugs. CHC, ND BOP. RIH w/265 jts 2-7/8" L-80 tbg, set @ 8807'. TOP.

14. I hereby certify that the foregoing is true and correct.  
Name (Printed/Typed)  
**Megan Moravec**

Title **Regulatory Compliance Analyst**

Signature *Megan Moravec*

Date **11/4/2014**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**Pending BLM approvals will subsequently be reviewed and scanned**

ates any false,