

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised August 1, 2011

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1288
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

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

JAN 30 2017

RECEIVED

WELL API NO. 30-015-43371
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Emerald PWU 20
8. Well Number 11H
9. OGRID Number 6137
10. Pool name or Wildcat Scanlon Draw; Bone Spring
4. Well Location Unit Letter L : 2434 feet from the South line and 284 feet from the West line
Section 20 Township 19S Range 29E NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS [] P AND A []
CASING/CEMENT JOB []
OTHER: Completion [X]

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.

06/20/2015 - 01/16/2017: MIRU WL & PT. TIH & ran GR/CCL/CBL, found ETOC @ 193'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9,150' to 13,600', total 552 holes. Frac'd 9,150' to 13,600' in 23 stages. Frac totals 2352 gals acid, 5,157,000# prop. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTd @13,626'. CHC, FWB, ND BOP. RIH w/235 jts 2-7/8" L-80 tbg, set @8,535'. TOP.

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

SIGNATURE [Signature] TITLE Regulatory Analyst DATE 1/27/2017

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

For State Use Only

APPROVED BY: [Signature] TITLE DI SUPERVISOR DATE 30 JAN 17

Conditions of Approval (if any)