

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	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised August 1, 2011								
		1. WELL API NO. <b>30-025-42455</b> ✓ 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 <b>Chiles 28 State</b> ✓ 6. Well Number: <b>1H</b>								
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER		<div style="color: red; font-weight: bold; font-size: 1.2em;">       OCD - HOBBS        08/17/2016        RECEIVED     </div>								
8. Name of Operator <b>Devon Energy Production Company, L.P.</b> ✓										
10. Address of Operator <b>333 West Sheridan Avenue, Oklahoma City, OK 73102</b>		9. OGRID <b>6137</b> ✓ 11. Pool name or Wildcat <b>Berry; Bone Spring, South</b> ✓								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	D	28	21S	34E		350	North	350	West	Lea
BH:	D	28	21S	34E		280	North	325	West	Lea
13. Date Spudded <b>5/21/15</b>	14. Date T.D. Reached <b>5/26/15</b>		15. Date Rig Released <b>6/3/15</b>		16. Date Completed (Ready to Produce) <b>N/A</b>			17. Elevations (DF and RKB, RT, GR, etc.) <b>3712' GL</b>		
18. Total Measured Depth of Well <b>4223 MD, 4222.27 TVD</b>			19. Plug Back Measured Depth <b>0</b>		20. Was Directional Survey Made? <b>Yes</b>			21. Type Electric and Other Logs Run		
22. Producing Interval(s) of this completion - Top, Bottom, Name <b>N/A - Bone Spring, South</b>										
<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		1905.4		17.5		1210 sx Econocem HLC; circ 102 bbls		
9.625		36		3918.5		12.25		895 sx CI C; circ 99 bbls		
				3810		CMT Plug		150 sx CI C		
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM		SACKS CEMENT	SCREEN		<b>25. TUBING RECORD</b>			
							SIZE	DEPTH SET		PACKER SET
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
<b>N/A - , total holes</b>						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						<b>N/A-</b>		Acidize and frac in stages. See detailed summary attached.		
<b>28. PRODUCTION</b>										
Date First Production <b>N/A</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )					Well Status ( <i>Prod. or Shut-in</i> ) <b>Plugged and Abandoned</b>			
Date of Test <b>N/A</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
<b>N/A</b>	<b>24</b>			<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>			
Flow Tubing Press. <b>N/A psi</b>	Casing Pressure <b>N/A psi</b>	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> ) <b>N/A</b>						30. Test Witnessed By				
31. List Attachments <b>Directional Survey</b>										
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			David Cook	Title	Regulatory Specialist	Date		8/16/2016	
E-mail Address	David.Cook@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







