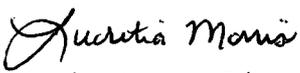


Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and 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.		30-025-42285		2. Type of Lease		<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		
		3. State Oil & Gas Lease No.				5. Lease Name or Unit Agreement Name		Sea Snake 35 State		
		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)		6. Well Number:		<b>HOBBS OCD</b>		
		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				<b>AUG 1 2 2015</b>		
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		<b>RECEIVED</b>		
						Triple X; Bone Spring				
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	P	35	23S	33E		350	South	832	East	Lea
BH:	A	35	23S	33E		330	North	1101	East	Lea
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)		3642.6 GL		
4/27/15	5/15/15	5/18/15		7/9/15						
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run		Isolation Scanner / Cement Print / Gamma Ray		
15629 MD, 11089 TVD		15574		Yes						
22. Producing Interval(s) of this completion - Top, Bottom, Name		11186-15563, Bone Spring								
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
13-3/8"		48#		1443		17-1/2"		1425 sx CIA cmt; circ 225 bbls		
9-5/8"		40#		5236		12-1/4"		1685 sx CIC cmt; circ 120 bbls		
5-1/2" + 7"		17# + 29#		15623		8-3/4"		1620 sx Cement; circ 0		TOC @ 1773
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD					
					SIZE	DEPTH SET	PACKER SET			
					2-7/8" L-80	10321				
26. Perforation record (interval, size, and number)				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.						
11186 - 15563, total 525 holes				DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED				
				11186-15563		Acidize and frac in 15 stages. See detailed summary attached.				
<b>28. PRODUCTION</b>										
Date First Production		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )				Well Status ( <i>Prod. or Shut-in</i> )				
7/9/15		Flowing				Producing				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
7/24/15	24			831	971	1224	1168.47			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )				
1450 psi	0 psi									
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> )							30. Test Witnessed By			
Sold										
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		Printed Name		Title		Date				
		Lucretia Morris		Regulatory Compliance Analyst		8/11/2015				
E-mail Address		lucretia.morris@dvn.com								

**AUG 1 2 2015**

