

Submit 1 Copy To Appropriate District Office

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

District II - (575) 748-1283
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

State of New Mexico
Minerals and Natural Resources

Form C-103
Revised August 1, 2011

HOBBS GCD

APR 15 2019

RECEIVED

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-44601
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name STRAY CAT 8-5 FED COM
4. Well Location Unit Letter <u>P</u> : <u>598</u> feet from the <u>South</u> line and <u>964</u> feet from the <u>East</u> line Section <u>8</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>LEA</u>		8. Well Number 214H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3622.4		9. OGRID Number 6137
		10. Pool name or Wildcat SAND DUNES; BONESPRING

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

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.

12/20/2018-1/27/2019: MIRU WL & PT. TIH & ran CBL, TOC @ 0'. TIH w/pump through frac plug and guns. Perf Bonespring, 10725-20670', total 455 holes. Frac'd 10725-20670' in 51 stages. Frac totals 224430 gals fluid & 15321525. ND frac, MIRU PU, NU BOP, DO plugs & CO to float collar: 20709 MD'. CHC, FWB, ND BOP. TUBING NOT SET.
8/27/2018-Interm. Squeeze of 1827 sxs of cmt to surf.

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

SIGNATURE Jenny Harms TITLE Regulatory Analyst DATE 4/12/2019

Type or print name Jenny Harms E-mail address: Jenny.Harms@dvn.com PHONE: 405-552-6560

For State Use Only

APPROVED BY: Jaren Sharp TITLE Accepted for Record DATE _____
Conditions of Approval (if any):