

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>1</sup> OGRID Number 6137
<sup>2</sup> API Number 30-025-45203		<sup>3</sup> Reason for Filing Code/ Effective Date NW / 5/21/19
<sup>4</sup> Pool Name WC-025-6-08 52572349, LWA-03 WC-025-6-06 5255206M, Bone Spring	<sup>5</sup> Pool Code 9790396745	
<sup>7</sup> Property Code 322445	<sup>6</sup> Property Name Marwari 28-16 State Fed Com	<sup>8</sup> Well Number 232H

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

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	28	25S	32E		175	North	410	West	LEA

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

UL or lot	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>10</sup> N	33	25S	32E		25	South	1687	West	LEA

<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	5/21/19			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
036785	DCP Midstream P.O. Box 50020 Midland, TX 79710-0020	Gas
020445	Plains Marketing P.O. Box 4648 Houston, TX 77210	Oil

**IV. Well Completion Data**

V-10594

<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
11/22/18	5/21/19	21342	21296	10919 - 21187	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2"	13-3/8"	883	995		
12-1/4"	9-5/8"	4128			
12-1/4"	9-5/8"	5247	699		
8-3/4"	5-1/2"	10994			

**V. Well Test Data**

Tubing:

<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
5/21/19	5/21/19	6/5/19	24 hrs	0 psi	0 psi
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
	2881 bbl	6225 bbl	6225 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: *Jenny Harms*

Printed name: Jenny Harms

Title: Regulatory Analyst

E-mail Address: Jenny.Harms@dvn.com

Date: 6/17/2019 Phone: 405-552-6560

OIL CONSERVATION DIVISION

Approved by: *Karen Sharp*

Title: *Staff Mgr*

Approval Date: 6-27-19

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  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-45203
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 Marwari 28-16 State Fed Com
4. Well Location Unit Letter <u>D</u> : <u>175</u> feet from the <u>North</u> line and <u>410</u> feet from the <u>West</u> line Section <u>28</u> Township <u>25S</u> Range <u>32E</u> NMPM County <u>LEA</u>		8. Well Number 232H
		9. OGRID Number 6137
		10. Pool name or Wildcat WC-025 G-06 S253206M; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3237'		

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

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

3/25/2019-4/6/2019: MIRU WL & PT. TIH & ran CBL, TOC @ CALCULATED 1980'. TIH w/pump through frac plug and guns. Perf Bonespring, 10919-21187, total 464 holes. Frac'd 10919-21187', in 52 stages. Frac totals 260977 gals fluid & 15712047 PROP. ND frac, MIRU PU, NU BOP, DO plugs & CO to float collar: 21296 MD'. CHC, FWB, ND BOP. Tubing has not been set.

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 6/17/2019

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

**For State Use Only Accepted for Record Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):