

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

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-45395																								
2. Name of Operator Devon Energy Production Company, L.P.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>																								
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102		6. State Oil & Gas Lease No.																								
4. Well Location Unit Letter <u>O</u> : <u>475</u> feet from the <u>South</u> line and <u>2636</u> feet from the <u>East</u> line Section <u>15</u> Township <u>23S</u> Range <u>33E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name North Thistle 15-10 State Com																								
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3718.1		8. Well Number 4H																								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>P AND A <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td>DOWNHOLE COMMINGLE <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER: <input type="checkbox"/></td> <td></td> <td>OTHER: Completion <input checked="" type="checkbox"/></td> <td></td> </tr> </table>		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"/>		9. OGRID Number 6137
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10. Pool name or Wildcat Brinninstool; Bone Spring																										

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.

4/16/19-7/24/19: MIRU WL & PT Good to 5000 PSI in 1000 PSI increments 15 mins. TIH & ran CBL, found TOC @ 3238'. TIH w/pump through frac plug and guns. Perf Bone Spring, 9985'-19,888'. Frac totals: 508 bbls acid, 40,180,000# prop. ND frac, MIRU PU, NU BOP, DO plugs & CO to P8TD 19,971'. CHC, FWB, ND BOP. RIH w/ 282 jts 2-7/8" L-80 tbg, set @ 9332. TOP.

HOBBS OCD
AUG 29 2019
RECEIVED

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

SIGNATURE Rebecca Deal TITLE Regulatory Analyst DATE 8/28/2019

Type or print name Rebecca Deal E-mail address: Rebecca.Deal@dvn.com PHONE: 405-228-8429
For State Use Only

APPROVED BY: [Signature] TITLE L.M. DATE 9/5/2019
 Conditions of Approval (if any):