

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 July 18, 2013

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

WELL API NO. 30-025-34577
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Caballo 9 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat SWD; Bell Canyon, Cherry Canyon

NOV 14 2019  
 RECEIVED  
 HOBBBS OCD

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  Gas Well  Other INJECTION

2. Name of Operator  
DEVON ENERGY PRODUCTION CO LP

3. Address of Operator  
PO BOX 250, ARTESIA, NM 88210

4. Well Location  
 Unit Letter E : 1650 feet from the N line and 660 feet from the W line  
 Section 9 Township 23S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3419' GR

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

Please see attached MIT chart completed 11/5/19, which started at 520# and ended 32 minutes later at 520#. This test was witnessed by OCD representative, Gary Robinson.

Spud Date:  Rig Release Date:

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

SIGNATURE Denise Menoud TITLE ADMIN FIELD SUPPORT DATE 11/12/2019

Type or print name DENISE MENOUD E-mail address: denise.menoud@dvn.com PHONE: (575)746-5544

**For State Use Only**

APPROVED BY: Gary Robinson TITLE Operations Officer DATE 11-22-19

Conditions of Approval (if any): Devon - Internal



**District II - Artesia**

811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

**State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Artesia District Office**

**BRADENHEAD TEST REPORT**

Operator Name <i>Devon Energy</i>	API Number <i>30-025-34577</i>
Property Name <i>CABALLO 9 ST.</i>	Well No. <i>#1</i>

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>E</i>	<i>9</i>	<i>23S</i>	<i>34E</i>	<i>1650</i>	<i>N</i>	<i>660</i>	<i>W</i>	<i>LEA</i>

**Well Status**

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<i>11-5-19</i>

**OBSERVED DATA**

	(A) Surf-Intern.	(B) Intern. (1)	(C) Intern. (2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	/	<i>0</i>	<i>1000</i>
<b>Flow Characteristics</b>					
Pull	<i>Y/N</i>	<i>Y/N</i>	/	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	/	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	/	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>N</i>	<i>N</i>	/	<i>N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	/	<i>Y/N</i>	Fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	/	<i>Y/N</i>	Waterflood

**If Braden head flowed water, check all the descriptions that apply:**

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFOR <input type="checkbox"/>	BLACK <input type="checkbox"/>
--------------------------------	--------------------------------	--------------------------------	---------------------------------	--------------------------------

**Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.**

*UIC  
MIT*

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name: <i>Danny Smolik</i>	Entered RBDMS
Title: <i>Compliance Office O</i>	Re-test <i>SMC 11-22-19</i>
E-mail Address: <i>danny.smolik@state.nm.us</i>	
Date:	Phone: <i>575-626-0836</i>
Witness: <i>Gary Robinson</i>	