

**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 <b>Devon Energy</b>	API Number <b>30-025-36860</b>
Property Name <b>Rio Blanco 33 Fed.</b>	Well No. <b>#2</b>

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>F</b>	<b>33</b>	<b>22S</b>	<b>34E</b>	<b>1980</b>	<b>N</b>	<b>1980</b>	<b>W</b>	<b>LEA</b>

**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"/>	<b>11-5-19</b>

**OBSERVED DATA**

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>			<b>0</b>	<b>1500</b>
<b>Flow Characteristics</b>					
Pull	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 _____
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR _____
Sorges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS _____
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

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

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

**OIC**  
**MIT**

Signature: _____	<b>OIL CONSERVATION DIVISION</b>
Printed name: <b>Danny Smolik</b>	Entered RBDMS <b>[Signature]</b>
Title: <b>Compliance Office O</b>	Re-test <b>[Signature]</b>
E-mail Address: <b>danny.smolik@state.nm.us</b>	
Date: _____	Phone: <b>575-626-0836</b>
Witness: <b>[Signature]</b>	

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

**HOBBS OCD**  
**NOV 14 2019**  
**RECEIVED**

WELL API NO. 30-025-36360
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED X
6. State Oil & Gas Lease No. FED LEASE NO. NMNM100864
7. Lease Name or Unit Agreement Name Rio Blanco 33 Fed
8. Well Number 2
9. OGRID Number 6137
10. Pool name or Wildcat Bell Lake SWD
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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    F :    1980    feet from the    N    line and    1980    feet from the    W    line  
 Section 33 Township 22S Range 34E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 560# and ended 32 minutes later at 560#. 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 Compliance Officer DATE 11-22-19  
 Conditions of Approval (if any): Devon - Internal

