

| Description              | Value   | Units |
|--------------------------|---------|-------|
| Flowcal Specific Gravity | 0.797   |       |
| Flowcal CO2 %            | 0.078   | %     |
| Flowcal H2S %            | 0       | %     |
| Flowcal N2 %             | 1.042   | %     |
| Flowcal O2 %             | 0       | %     |
| Flowcal H2 %             | No Data | %     |
| Flowcal Methane %        | 71.567  | %     |
| Flowcal Ethane %         | 14.38   | %     |
| Flowcal Propane %        | 7.498   | %     |
| Flowcal Heptane %        | 0.218   | %     |
| Flowcal Hexane %         | 0.375   | %     |
| Flowcal Isobutane %      | 1.024   | %     |
| Flowcal Isopentane %     | 0.553   | %     |
| Flowcal N-Butane %       | 2.556   | %     |

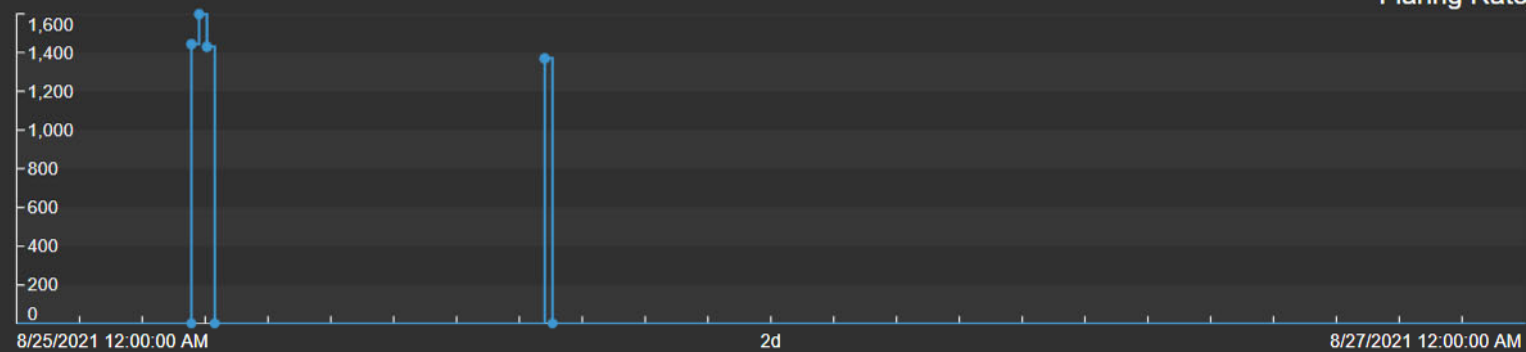
| surface_lat... | surface_long... | section_number | township_name | range_number | county_name | FMS Meter ID |
|----------------|-----------------|----------------|---------------|--------------|-------------|--------------|
| 32.23309       | -103.94201      | 13.0           | 24S           | 29E          | EDDY        | 88511456     |

| Description   | Value |
|---------------|-------|
| Flow Rate     |       |
| Volume Today  |       |
| Volume Yest   |       |
| Flowtime Yest | 0.0   |

Associated Wells & Info

Facility Work Request History

Associated Documents and Reports



**District I**

1625 N. French Dr., Hobbs, NM 88240  
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**District II**

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

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 45447

**QUESTIONS**

|                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 West Sheridan Ave.<br>Oklahoma City, OK 73102 | OGRID:<br>6137                                         |
|                                                                                                       | Action Number:<br>45447                                |
|                                                                                                       | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

**QUESTIONS****Prerequisites**

Any messages presented in this section, will prevent submission of this application. Please resolve these issues before continuing with the rest of the questions.

|                   |                                        |
|-------------------|----------------------------------------|
| Incident Well     | Not answered.                          |
| Incident Facility | [fAPP2123646949] FULLY LOADED 12 CTB 2 |

**Determination of Reporting Requirements**

Answer all questions that apply. The Reason(s) statements are calculated based on your answers and may provide additional guidance.

|                                                                                                                                                                                                                                                                                              |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Was or is this venting and/or flaring caused by an emergency or malfunction                                                                                                                                                                                                                  | Yes                                               |
| Did or will this venting and/or flaring last eight hours or more cumulatively within any 24-hour period from a single event                                                                                                                                                                  | No                                                |
| Is this considered a submission for a notification of a major venting and/or flaring                                                                                                                                                                                                         | Yes, minor venting and/or flaring of natural gas. |
| An operator shall file a form C-141 instead of a form C-129 for a release that, includes liquid during venting and/or flaring that is or may be a major or minor release under 19.15.29.7 NMAC.                                                                                              |                                                   |
| Was there or will there be at least 50 MCF of natural gas vented and/or flared during this event                                                                                                                                                                                             | Yes                                               |
| Did this venting and/or flaring result in the release of ANY liquids (not fully and/or completely flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water | No                                                |
| Was the venting and/or flaring within an incorporated municipal boundary or withing 300 feet from an occupied permanent residence, school, hospital, institution or church in existence                                                                                                      | No                                                |

**Equipment Involved**

|                                                           |                        |
|-----------------------------------------------------------|------------------------|
| Primary Equipment Involved                                | Gas Compressor Station |
| Additional details for Equipment Involved. Please specify | Not answered.          |

**Representative Compositional Analysis of Vented or Flared Natural Gas**

Please provide the mole percent for the percentage questions in this group.

|                                                                                                                               |               |
|-------------------------------------------------------------------------------------------------------------------------------|---------------|
| Methane (CH4) percentage                                                                                                      | 72            |
| Nitrogen (N2) percentage, if greater than one percent                                                                         | 1             |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                        | 0             |
| Carbon Dioxide (CO2) percentage, if greater than one percent                                                                  | 0             |
| Oxygen (O2) percentage, if greater than one percent                                                                           | 0             |
| If you are venting and/or flaring because of Pipeline Specification, please provide the required specifications for each gas. |               |
| Methane (CH4) percentage quality requirement                                                                                  | Not answered. |
| Nitrogen (N2) percentage quality requirement                                                                                  | Not answered. |
| Hydrogen Sulfide (H2S) PPM quality requirement                                                                                | Not answered. |
| Carbon Dioxide (CO2) percentage quality requirement                                                                           | Not answered. |
| Oxygen (O2) percentage quality requirement                                                                                    | Not answered. |

**Date(s) and Time(s)**

|                                                         |            |
|---------------------------------------------------------|------------|
| Date venting and/or flaring was discovered or commenced | 08/25/2021 |
| Time venting and/or flaring was discovered or commenced | 05:34 AM   |
| Time venting and/or flaring was terminated              | 05:03 PM   |
| Cumulative hours during this event                      | 1          |

**Measured or Estimated Volume of Vented or Flared Natural Gas**

|                                  |               |
|----------------------------------|---------------|
| Natural Gas Vented (Mcf) Details | Not answered. |
|----------------------------------|---------------|

|                                                                           |                                                                                                                       |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Natural Gas Flared (Mcf) Details                                          | Cause: High Line Pressure   Other (Specify)   Natural Gas Flared   Released: 72 Mcf   Recovered: 0 Mcf   Lost: 72 Mcf |
| Other Released Details                                                    | Not answered.                                                                                                         |
| Additional details for Measured or Estimated Volume(s). Please specify    | Not answered.                                                                                                         |
| Is this a gas only submission (i.e. only significant Mcf values reported) | Yes, according to supplied volumes this appears to be a "gas only" report.                                            |

**Venting or Flaring Resulting from Downstream Activity**

|                                                                            |               |
|----------------------------------------------------------------------------|---------------|
| Was or is this venting and/or flaring a result of downstream activity      | Not answered. |
| Date notified of downstream activity requiring this venting and/or flaring | Not answered. |
| Time notified of downstream activity requiring this venting and/or flaring | Not answered. |

**Steps and Actions to Prevent Waste**

|                                                                                                                                |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| For this event, the operator could not have reasonably anticipated the current event and it was beyond the operator's control. | True                                                   |
| Please explain reason for why this event was beyond your operator's control                                                    | DCP station went down                                  |
| Steps taken to limit the duration and magnitude of venting and/or flaring                                                      | Notified DCP that our line psi was high                |
| Corrective actions taken to eliminate the cause and reoccurrence of venting and/or flaring                                     | Choke wells back to help prevent flaring when possible |

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CONDITIONS  
  
Action 45447

CONDITIONS

|                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 West Sheridan Ave.<br>Oklahoma City, OK 73102 | OGRID:<br>6137                                         |
|                                                                                                       | Action Number:<br>45447                                |
|                                                                                                       | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

CONDITIONS

| Created By | Condition                                                                                                                                                                          | Condition Date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| ocaitlin   | If the information provided in this report requires an amendment, submit a [C-129] Amend Venting and/or Flaring Incident (C-129A), utilizing your incident number from this event. | 8/31/2021      |