



**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
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 49730

**QUESTIONS**

|                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 West Sheridan Ave.<br>Oklahoma City, OK 73102 | OGRID:<br>6137                                         |
|                                                                                                       | Action Number:<br>49730                                |
|                                                                                                       | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

**QUESTIONS**

|                                                                                                                                                                    |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Prerequisites</b>                                                                                                                                               |                                      |
| 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                                                                                                                                                  | [fAPP2123546269] GREEN WAVE 20 CTB 1 |

|                                                                                                                                                                                                                                                                                              |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Determination of Reporting Requirements</b>                                                                                                                                                                                                                                               |                                                   |
| 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 venting and/or flaring event                                                                                                                                                                                                                           | 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                                                |

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

|                                                                                                                               |               |
|-------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Representative Compositional Analysis of Vented or Flared Natural Gas</b>                                                  |               |
| Please provide the mole percent for the percentage questions in this group.                                                   |               |
| Methane (CH4) percentage                                                                                                      | 67            |
| Nitrogen (N2) percentage, if greater than one percent                                                                         | 2             |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                        | 0             |
| Carbon Dioxide (CO2) percentage, if greater than one percent                                                                  | 8             |
| 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. |

|                                                         |            |
|---------------------------------------------------------|------------|
| <b>Date(s) and Time(s)</b>                              |            |
| Date venting and/or flaring was discovered or commenced | 09/14/2021 |
| Time venting and/or flaring was discovered or commenced | 08:32 AM   |
| Time venting and/or flaring was terminated              | 12:31 PM   |
| Cumulative hours during this event                      | 3          |

|                                                                     |               |
|---------------------------------------------------------------------|---------------|
| <b>Measured or Estimated Volume of Vented or Flared Natural Gas</b> |               |
| Natural Gas Vented (Mcf) Details                                    | Not answered. |

|                                                                           |                                                                                                                                             |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Natural Gas Flared (Mcf) Details                                          | Cause: Midstream Scheduled Maintenance   Gas Compressor Station   Natural Gas Flared   Released: 145 Mcf   Recovered: 0 Mcf   Lost: 145 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      | Yes                               |
| Was notification of downstream activity received by you or your operator   | Yes                               |
| Downstream OGRID that should have notified you or your operator            | [174238] ENTERPRISE CRUDE OIL LLC |
| Date notified of downstream activity requiring this venting and/or flaring | 09/14/2021                        |
| Time notified of downstream activity requiring this venting and/or flaring | 07:30 AM                          |

**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. | False                                                                                                                                                                                             |
| Please explain reason for why this event was beyond your operator's control                                                    | Not answered.                                                                                                                                                                                     |
| Steps taken to limit the duration and magnitude of venting and/or flaring                                                      | Contacted Enterprise and was told they shut booster station down for new tie in. LO & OO started choking/si wells. It could've been controlled if we would've been notified sooner by Enterprise. |
| Corrective actions taken to eliminate the cause and reoccurrence of venting and/or flaring                                     | Asked Enterprise to give us a 24 hour notice when shutting booster station down.                                                                                                                  |

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CONDITIONS  
  
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|                                                                                                       |                                                        |
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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. | 9/17/2021      |