|                                                                                                                                            | UNITED<br>DEPARTMENT OF<br>BUREAU OF LANE<br>SUNDRY NOTICES AND<br>not use this form for propo<br>doned well. Use form 316                                                            | THE INTERIOR<br>MANAGEMENT                                                                                                                                                                                 | OCD HOBBSOCD<br>HOBBSOCD<br>JAN 1 4 201                                                                       | FORM<br>OMB N<br>Expires:<br>5. Lease Serial No.<br>NMLC061863A<br>6. If Indian, Allottee o                            | or Tribe Name                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
| SUBI                                                                                                                                       | MIT IN TRIPLICATE - Other                                                                                                                                                             | instructions on reverse sig                                                                                                                                                                                | de.                                                                                                           | 7. If Unit or CA/Agree                                                                                                 | ement, Name and/or No.                                                    |  |
| 1. Type of Well<br>S Oil Well Gas                                                                                                          | Well <b>П</b> Other                                                                                                                                                                   | 8. Well Name and No.<br>TRIONYX 6 FED 11H                                                                                                                                                                  |                                                                                                               |                                                                                                                        |                                                                           |  |
| 2. Name of Operator                                                                                                                        |                                                                                                                                                                                       | ontact: TRINA C COUCH<br>na.couch@dvn.com                                                                                                                                                                  | UCH 9. API Well No.<br>30-025-42312-00-X1                                                                     |                                                                                                                        | 0-X1                                                                      |  |
| 3a. Address<br>333 WEST SHERIDAN AVE<br>OKLAHOMA CITY, OK 73102                                                                            |                                                                                                                                                                                       | 3b. Phone No. (include<br>Ph: 405-228-7203                                                                                                                                                                 | 3b. Phone No. (include area code)<br>Ph: 405-228-7203                                                         |                                                                                                                        | 10. Field and Pool, or Exploratory<br>PADUCA                              |  |
|                                                                                                                                            | ptage, Sec., T., R., M., or Survey De                                                                                                                                                 | escription)                                                                                                                                                                                                |                                                                                                               |                                                                                                                        | 11. County or Parish, and State                                           |  |
| Sec 6 T25S R32E L<br>32.152672 N Lat, 1                                                                                                    | ot 7 215FSL 505FWL<br>03.721344 W Lon                                                                                                                                                 | ,                                                                                                                                                                                                          |                                                                                                               |                                                                                                                        | LEA COUNTY, NM                                                            |  |
| 12. CHI                                                                                                                                    | ECK APPROPRIATE BOX                                                                                                                                                                   | (ES) TO INDICATE NATU                                                                                                                                                                                      | RE OF NOTICE, R                                                                                               | EPORT, OR OTHEI                                                                                                        | R DATA                                                                    |  |
| TYPE OF SUBMIS                                                                                                                             | SION                                                                                                                                                                                  | TYPE OF ACTION                                                                                                                                                                                             |                                                                                                               |                                                                                                                        |                                                                           |  |
| ☑ Notice of Intent<br>□ Subsequent Report                                                                                                  | <ul> <li>Acidize</li> <li>Alter Casing</li> <li>Casing Repa</li> </ul>                                                                                                                | Deepen<br>Fracture Trea<br>ir Dew Constru                                                                                                                                                                  | t 🗖 Reclam                                                                                                    |                                                                                                                        | <ul> <li>Water Shut-Off</li> <li>Well Integrity</li> <li>Other</li> </ul> |  |
| 🗖 Final Abandonmen                                                                                                                         |                                                                                                                                                                                       | s 🗖 Plug and Aba                                                                                                                                                                                           | —                                                                                                             | rarily Abandon                                                                                                         | Change to Original A<br>PD                                                |  |
| If the proposal is to deep<br>Attach the Bond under w<br>following completion of<br>testing has been complet<br>determined that the site i | en directionally or recomplete hori<br>hich the work will be performed o<br>the involved operations. If the ope<br>ed. Final Abandonment Notices sh<br>s ready for final inspection.) | l pertinent details, including estimat<br>zontally, give subsurface locations a<br>r provide the Bond No. on file with<br>ration results in a multiple completi<br>all be filed only after all requirement | ind measured and true version<br>BLM/BIA. Required su<br>on or recompletion in a<br>its, including reclamatio | ertical depths of all pertine<br>bsequent reports shall be f<br>new interval, a Form 3160<br>n, have been completed, a | ent markers and zones.<br>filed within 30 days<br>)-4 shall be filed once |  |
| Devon Energy Prod<br>on the Trionyx 6 Fe                                                                                                   | uction Company, L.P. respendent<br>1111.                                                                                                                                              | ctfully requests to run a FMC                                                                                                                                                                              | multibowl wellhead                                                                                            | system                                                                                                                 |                                                                           |  |
| Please see attachm                                                                                                                         | ent with procedure, thank yc                                                                                                                                                          | u.                                                                                                                                                                                                         | SEE<br>COM                                                                                                    | E ATTACHEI<br>NDITIONS O                                                                                               | D FOR<br>F APPROVAL                                                       |  |
| 14. I hereby certify that the                                                                                                              | foregoing is true and correct.                                                                                                                                                        |                                                                                                                                                                                                            |                                                                                                               |                                                                                                                        |                                                                           |  |
| Name(Printed/Typed)                                                                                                                        | For DEVO                                                                                                                                                                              | ssion #287113 verified by the E<br>N ENERGY PRODUCTION CO I<br>r processing by JENNIFER MA<br>Title                                                                                                        | P. sent to the Hobb                                                                                           | s<br>15JAM0054SE)                                                                                                      |                                                                           |  |
| · · ·                                                                                                                                      |                                                                                                                                                                                       |                                                                                                                                                                                                            | 1/2                                                                                                           |                                                                                                                        |                                                                           |  |
| Signature                                                                                                                                  | Electronic Submission)                                                                                                                                                                |                                                                                                                                                                                                            | 01/07/2015                                                                                                    |                                                                                                                        | $\overline{\mathbf{n}}$                                                   |  |
|                                                                                                                                            |                                                                                                                                                                                       | CE FOR FEDERAL OR S                                                                                                                                                                                        |                                                                                                               | SHALL NUTL                                                                                                             |                                                                           |  |
| Approved By                                                                                                                                |                                                                                                                                                                                       | Title                                                                                                                                                                                                      |                                                                                                               | JAN /7 20                                                                                                              | 15 Date                                                                   |  |
| certify that the applicant holds which would entitle the applic                                                                            | are attached. Approval of this not<br>legal or equitable title to those right<br>ant to conduct operations thereon.                                                                   | nts in the subject lease Office                                                                                                                                                                            |                                                                                                               | HENTI OF VANDERAND                                                                                                     |                                                                           |  |
| Title 18 U.S.C. Section 1001 a<br>States any false, fictitious or                                                                          | nd Title 43 U.S.C. Section 1212, n<br>fraudulent statements or represent                                                                                                              | ake it a crime for any person know<br>ations as to any matter within its jur                                                                                                                               | ngly and willfully to me<br>sdiction.                                                                         | ke paans daparinten of a                                                                                               | gence of the United                                                       |  |
| ** B                                                                                                                                       | LM REVISED ** BLM RE                                                                                                                                                                  | VISED ** BLM REVISED                                                                                                                                                                                       | ** BLM REVISED                                                                                                | 1.                                                                                                                     |                                                                           |  |
|                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                            |                                                                                                               | JAN                                                                                                                    | 20 2015 1                                                                 |  |

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#### Trionyx 6 Fed 11H

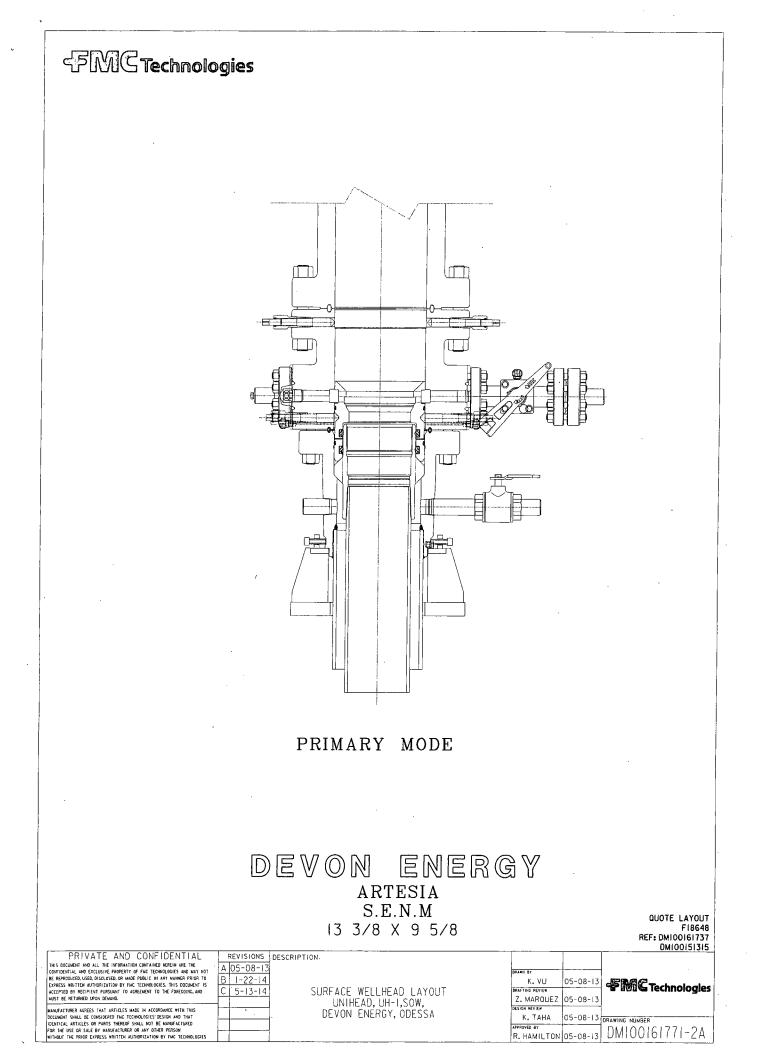
Devon Energy proposes to run a FMC multibowl wellhead system. A multibowl wellhead is being used. The BOP will be tested per Onshore Order #2 after installation on the surface casing which will cover testing requirements for a maximum of 30 days. If any seal subject to test pressure is broken the system must be tested. Devon proposes using a multi-bowl wellhead assembly (FMC Uni-head). This assembly will only be tested when installed on the surface casing. Minimum working pressure of the blowout preventer (BOP) and related equipment (BOPE) required for drilling below the surface casing shoe shall be 3000 (3M) psi.

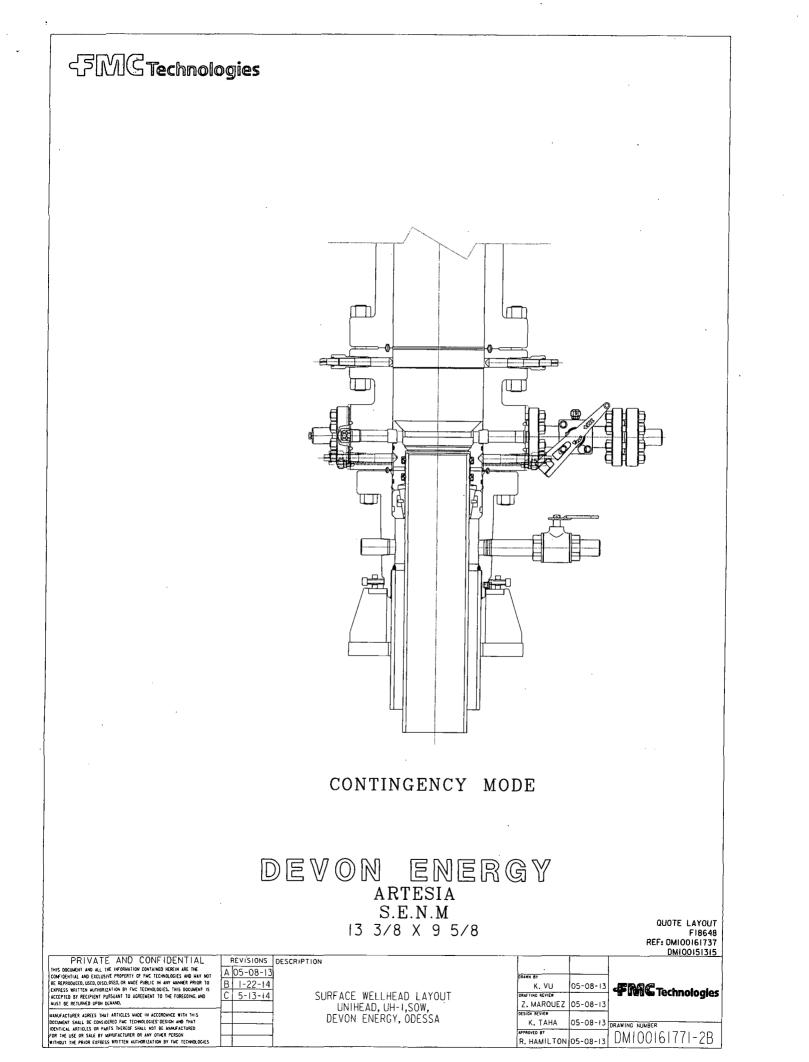
Wellhead will be installed by FMC's representatives. If the welding is performed by a third party, the FMC's representative will monitor the temperature to verify that it does not exceed the maximum temperature of the seal. FMC representative will install the test plug for the initial BOP test. FMC will install a solid steel body pack-off to completely isolate the lower head after cementing intermediate casing. After installation of the pack-off, the pack-off and the lower flange will be tested to 5M, as shown on the attached schematic. Everything above the pack-off will not have been altered whatsoever from the initial nipple up. Therefore the BOP components will not be retested at that time.

If the cement does not circulate and one inch operations would have been possible with a standard wellhead, the well head will be cut and top out operations will be conducted. Devon will pressure test all seals above and below the mandrel (but still above the casing) to full working pressure rating.

Devon will test the casing to 0.22 psi/ft or 1500 psi, whichever is greater, as per Onshore Order #2. After running the 13-3/8" surface casing, a 13-5/8" BOP/BOPE system with a minimum rating of 3M will be installed on the FMC Uni-head wellhead system and will undergo a 250 psi low pressure test followed by a 3,000 psi high pressure test. The 3,000 psi high and 250 psi low test will cover testing requirements a maximum of 30 days, as per Onshore Order #2. If the well is not complete within 30 days of this BOP test, another full BOP test will be conducted, as per Onshore Order #2. After running the 9-5/8' intermediate casing with a mandrel hanger, the 13-5/8" BOP/BOPE system with a minimum rating of 3M will already be installed on the FMC Uni-head. The pipe rams will be operated and checked each 24 hour period and each time the drill pipe is out of the hole.

These tests will be logged in the daily driller's log. A 2" kill line and 3" choke line will be incorporated into the drilling spool below the ram BOP. In addition to the rams and annular preventer, additional BOP accessories include a kelly cock, floor safety valve, choke lines, and choke manifold rated at 5,000 psi WP. Devon requests a variance to use a flexible line with flanged ends between the BOP and the choke manifold (choke line). The line will be kept as straight as possible with minimal turns.





# PECOS DISTRICT CONDITIONS OF APPROVAL

| OPERATOR'S NAME:           | Devon Energy Produciton Company, L.P. |
|----------------------------|---------------------------------------|
| LEASE NO.:                 | NMLC-061863A                          |
| WELL NAME & NO.:           | Trionyx 6 Federal 11H                 |
| SURFACE HOLE FOOTAGE:      | 0215' FSL & 0505' FWL                 |
| <b>BOTTOM HOLE FOOTAGE</b> | 0330' FNL & 0660' FWL                 |
| LOCATION:                  | Section 06, T. 25 S., R 32 E., NMPM   |
| COUNTY:                    | Lea County, New Mexico                |
| API:                       | 30-025-42312                          |

# The original COAs still stand with the following drilling modifications:

# I. DRILLING

### A. DRILLING OPERATIONS REQUIREMENTS

The BLM is to be notified in advance for a representative to witness:

- a. Spudding well (minimum of 24 hours)
- b. Setting and/or Cementing of all casing strings (minimum of 4 hours)
- c. BOPE tests (minimum of 4 hours)

# **Lea County**

Call the Hobbs Field Station, 414 West Taylor, Hobbs NM 88240, (575) 393-3612

- 1. Although there are no measured amounts of Hydrogen Sulfide reported, it is always a potential hazard. Operator has stated that they will have monitoring equipment in place prior to drilling out of the surface shoe. If Hydrogen Sulfide is encountered, provide measured values and formations to the BLM.
- 2. Unless the production casing has been run and cemented or the well has been properly plugged, the drilling rig shall not be removed from over the hole without prior approval. If the drilling rig is removed without approval an Incident of Non-Compliance will be written and will be a "Major" violation.
- 3. Floor controls are required for 3M or Greater systems. These controls will be on the rig floor, unobstructed, readily accessible to the driller and will be operational at all times during drilling and/or completion activities. Rig floor is defined as the area immediately around the rotary table; the area immediately above the substructure on which the draw works is located, this does not include the dog house or stairway area.

4. The record of the drilling rate along with the GR/N well log run from TD to surface (horizontal well – vertical portion of hole) shall be submitted to the BLM office as well as all other logs run on the borehole 30 days from completion. If available, a digital copy of the logs is to be submitted in addition to the paper copies. The Rustler top and top and bottom of Salt are to be recorded on the Completion Report.

### **B.** CASING

Changes to the approved APD casing program need prior approval if the items substituted are of lesser grade or different casing size or are Non-API. The Operator can exchange the components of the proposal with that of superior strength (i.e. changing from J-55 to N-80, or from 36# to 40#). Changes to the approved cement program need prior approval if the altered cement plan has less volume or strength or if the changes are substantial (i.e. Multistage tool, ECP, etc.). The initial wellhead installed on the well will remain on the well with spools used as needed.

Centralizers required on surface casing per Onshore Order 2.III.B.1.f.

Wait on cement (WOC) time prior to drilling out for a primary cement job will be a minimum 18 hours for a water basin, 24 hours in the potash area, or 500 pounds compressive strength, whichever is greater for all casing strings. DURING THIS WOC TIME, NO DRILL PIPE, ETC. SHALL BE RUN IN THE HOLE. Provide compressive strengths including hours to reach required 500 pounds compressive strength prior to cementing each casing string. See individual casing strings for details regarding lead cement slurry requirements.

No pea gravel permitted for remedial or fall back remedial without prior authorization from the BLM engineer.

**Possibility of water flows in the Salado and Castile. Possibility of lost circulation in the Red Bed, Rustler, and Delaware.** 

- 1. The 13-3/8 inch surface casing shall be set at approximately 750 feet (a minimum of 25 feet into the Rustler Anhydrite and above the salt) and cemented to the surface. If salt is encountered, set casing at least 25 feet above the salt.
  - a. If cement does not circulate to the surface, the appropriate BLM office shall be notified and a temperature survey utilizing an electronic type temperature survey with surface log readout will be used or a cement bond log shall be run to verify the top of the cement. Temperature survey will be run a minimum of six hours after pumping cement and ideally between 8-10 hours after completing the cement job.

- b. Wait on cement (WOC) time for a primary cement job is to include the lead cement slurry.
- c. Wait on cement (WOC) time for a remedial job will be a minimum of 4 hours after bringing cement to surface or 500 pounds compressive strength, whichever is greater.
- d. If cement falls back, remedial cementing will be done prior to drilling out that string.
- 2. The minimum required fill of cement behind the **9-5/8** inch intermediate casing, which shall be set at approximately **4420** feet (**basal anhydrite of the Castile formation or Lamar Limestone**), is:

Cement to surface. If cement does not circulate see B.1.a, c-d above.

# Centralizers required on horizontal leg, must be type for horizontal service and a minimum of one every other joint.

3. The minimum required fill of cement behind the 5-1/2 inch production casing is:

### **Option #1 (Single Stage):**

Cement should tie-back at least 500 feet into previous casing string. Operator shall provide method of verification. Excess calculates to 23% - Additional cement may be required.

### **Option #2:**

Operator has proposed DV tool at depth of 5500', but will adjust cement proportionately if moved. DV tool shall be set a minimum of 50' below previous shoe and a minimum of 200' above current shoe. Operator shall submit sundry if DV tool depth cannot be set in this range.

- a. First stage to DV tool:
- Cement to circulate. If cement does not circulate, contact the appropriate BLM office before proceeding with second stage cement job. Operator should have plans as to how they will achieve approved top of cement on the next stage.
- b. Second stage above DV tool:
- Cement should tie-back at least 500 feet into previous casing string. Operator shall provide method of verification. Excess calculates to 12% Additional cement may be required.

4. If hardband drill pipe is rotated inside casing, returns will be monitored for metal. If metal is found in samples, drill pipe will be pulled and rubber protectors which have a larger diameter than the tool joints of the drill pipe will be installed prior to continuing drilling operations.

### C. PRESSURE CONTROL

- 1. All blowout preventer (BOP) and related equipment (BOPE) shall comply with well control requirements as described in Onshore Oil and Gas Order No. 2 and API RP 53 Sec. 17.
- 2. Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).
- 3. Operator has proposed a multi-bowl wellhead assembly. This assembly will only be tested when installed on the surface casing. Minimum working pressure of the blowout preventer (BOP) and related equipment (BOPE) required for drilling below the surface casing shoe shall be 3000 (3M) psi.
  - a. Wellhead shall be installed by manufacturer's representatives, submit documentation with subsequent sundry.
  - b. If the welding is performed by a third party, the manufacturer's representative shall monitor the temperature to verify that it does not exceed the maximum temperature of the seal.
  - c. Manufacturer representative shall install the test plug for the initial BOP test.
  - d. Operator shall perform the intermediate casing integrity test to 70% of the casing burst. This will test the multi-bowl seals.
  - e. If the cement does not circulate and one inch operations would have been possible with a standard wellhead, the well head shall be cut off, cementing operations performed and another wellhead installed.

- 4. The appropriate BLM office shall be notified a minimum of 4 hours in advance for a representative to witness the tests.
  - a. In a water basin, for all casing strings utilizing slips, these are to be set as soon as the crew and rig are ready and any fallback cement remediation has been done. The casing cut-off and BOP installation can be initiated four hours after installing the slips, which will be approximately six hours after bumping the plug. For those casing strings not using slips, the minimum wait time before cut-off is eight hours after bumping the plug. BOP/BOPE testing can begin after cut-off or once cement reaches 500 psi compressive strength (including lead when specified), whichever is greater. However, if the float does not hold, cut-off cannot be initiated until cement reaches 500 psi compressive strength (including lead when specified).
  - b. The tests shall be done by an independent service company utilizing a test plug **not a cup or J-packer**. The operator also has the option of utilizing an independent tester to test without a plug (i.e. against the casing) pursuant to Onshore Order 2 with the pressure not to exceed 70% of the burst rating for the casing. Any test against the casing must meet the WOC time for water basin (18 hours) or potash (24 hours) or 500 pounds compressive strength, whichever is greater, prior to initiating the test (see casing segment as lead cement may be critical item).
  - c. The test shall be run on a 5000 psi chart for a 2-3M BOP/BOP, on a 10000 psi chart for a 5M BOP/BOPE and on a 15000 psi chart for a 10M BOP/BOPE. If a linear chart is used, it shall be a one hour chart. A circular chart shall have a maximum 2 hour clock. If a twelve hour or twenty-four hour chart is used, tester shall make a notation that it is run with a two hour clock.
  - d. The results of the test shall be reported to the appropriate BLM office.
  - e. All tests are required to be recorded on a calibrated test chart. A copy of the BOP/BOPE test chart and a copy of independent service company test will be submitted to the appropriate BLM office.
  - f. The BOP/BOPE test shall include a low pressure test from 250 to 300 psi. The test will be held for a minimum of 10 minutes if test is done with a test plug and 30 minutes without a test plug. This test shall be performed prior to the test at full stack pressure.

# D. DRILL STEM TEST

If drill stem tests are performed, Onshore Order 2.III.D shall be followed.

# E. WASTE MATERIAL AND FLUIDS

All waste (i.e. drilling fluids, trash, salts, chemicals, sewage, gray water, etc.) created as a result of drilling operations and completion operations shall be safely contained and disposed of properly at a waste disposal facility. No waste material or fluid shall be disposed of on the well location or surrounding area.

Porto-johns and trash containers will be on-location during fracturing operations or any other crew-intensive operations.

# JAM 010715