| Form 3160-5<br>(June 2015)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNITED STATES<br>PARTMENT OF THE IN<br>UREAU OF LAND MANAGE<br>NOTICES AND REPOINT<br>Is form for proposals to<br>II. Use form 3160-3 (API                                  | NTERIOR                                                                                | ~ (                                                                                                    | DCD                                                                     | OMB N                                  | APPROVED<br>O. 1004-0137<br>anuary 31, 2018 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|
| BINDRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UREAU OF LAND MANA                                                                                                                                                          | GEMENT                                                                                 | INBBS C                                                                                                | )-                                                                      | 5. Lease Serial No.<br>NMNM86153       | uitary 51, 2018                             |
| Do not use thi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | is form for proposals to<br>II. Use form 3160-3 (API                                                                                                                        | drill or to re                                                                         | enter an 11                                                                                            | 2019                                                                    | 6. If Indian, Allottee of              | Tribe Name                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             | D) for such p                                                                          | Rindrama, -                                                                                            | <del></del>                                                             |                                        |                                             |
| SUBMIT IN T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TRIPLICATE - Other inst                                                                                                                                                     | ructions on                                                                            | page 2 ECE                                                                                             |                                                                         | 7. If Unit or CA/Agree                 | ement, Name and/or No.                      |
| <ol> <li>Type of Well</li> <li>Oil Well          Gas Well         Other of the second second</li></ol> |                                                                                                                                                                             |                                                                                        |                                                                                                        |                                                                         | 8. Well Name and No.<br>FLUFFY CAT 16- | 21 STATE FED COM 212H                       |
| 2. Name of Operator<br>DEVON ENERGY PRODUCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Contact:<br>ION CONTRAIN: jennifer.har                                                                                                                                      | JENNIFER ⊦<br>ms@dvn.com                                                               | IARMS                                                                                                  |                                                                         | 9. API Well No.<br>30-025-45069-0      | )0-X1                                       |
| 3a. Address<br>333 WEST SHERIDAN AVEN<br>OKLAHOMA CITY, OK 73102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             | 3b. Phone No<br>Ph: 405-55                                                             | . (include area code)<br>2-6560                                                                        |                                                                         | 10. Field and Pool or I<br>SAND DUNES  | Exploratory Area                            |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             | )                                                                                      |                                                                                                        | -                                                                       | 11. County or Parish,                  | State                                       |
| Sec 16 T23S R32E NWSW 26<br>32.304649 N Lat, 103.686157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |                                                                                        |                                                                                                        |                                                                         |                                        | NM                                          |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PPROPRIATE BOX(ES)                                                                                                                                                          | TO INDICA                                                                              | TE NATURE O                                                                                            | F NOTICI                                                                | E, REPORT, OR OTH                      | IER DATA                                    |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                                        | TYPE OF                                                                                                | ACTION                                                                  |                                        |                                             |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Acidize                                                                                                                                                                     | 🗂 Dee                                                                                  | pen                                                                                                    | 🗖 Produ                                                                 | ction (Start/Resume)                   | UWater Shut-Off                             |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Alter Casing                                                                                                                                                                | 🗖 Hyd                                                                                  | raulic Fracturing                                                                                      | 🗖 Reclai                                                                | mation                                 | U Well Integrity                            |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Casing Repair                                                                                                                                                               | —                                                                                      | Construction                                                                                           |                                                                         | -                                      | 🔀 Other<br>Change to Original A             |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Change Plans Convert to Injection                                                                                                                                           | C Plug                                                                                 | g and Abandon<br>Baak                                                                                  |                                                                         | orarily Abandon<br>Disposal            | PD                                          |
| determined that the site is ready for fi<br>Devon Energy Production Co.<br>intermediate casing down to 8<br>Delaware producers, primarily<br>6,960 to 8,570. Setting our int<br>loss zones. This will allow us t<br>production hole, allowing us to<br>the lateral. This is a contingen<br>Thank you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , L.P. (Devon) respectfully<br>750 due to the close prox<br>the Tomcat wells. The To<br>termediate string deeper v<br>o increase mud weight as<br>better handle any well co | imity of deple<br>omcat wells h<br>will allow for us<br>necessary for<br>ontrol issues | ation from multipl<br>ave perforations<br>us to case off pot<br>or well conditions<br>that may arise w | e active<br>varying free<br>ential<br>in the<br>hile drilling<br>hment. | I                                      | ieiu Office<br>Iobbs                        |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | true and correct.                                                                                                                                                           |                                                                                        |                                                                                                        |                                                                         |                                        |                                             |
| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Electronic Submission #4<br>For DEVON ENERG<br>mitted to AFMSS for proce                                                                                                    |                                                                                        | ON COMPAN, sei                                                                                         | nt to the Ho                                                            | obbs                                   |                                             |
| Name (Printed/Typed) JENNIFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             | SSING DY FRI                                                                           |                                                                                                        |                                                                         | OMPLIANCE ANALY                        | ST                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                                        |                                                                                                        |                                                                         |                                        |                                             |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Submission)                                                                                                                                                                 |                                                                                        | Date 03/20/2                                                                                           | 019                                                                     |                                        |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | THIS SPACE FO                                                                                                                                                               |                                                                                        |                                                                                                        |                                                                         | JSE                                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                                        |                                                                                                        |                                                                         |                                        | Date 03/21/2019                             |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                                                        |                                                                                                        |                                                                         |                                        | 00/21/2010                                  |
| certify that the applicant holds legal or equ<br>which would entitle the applicant to condu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | itable title to those rights in the                                                                                                                                         | subject lease                                                                          | Office Hobbs                                                                                           |                                                                         |                                        |                                             |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U.S.C. Section 1212, make it a                                                                                                                                              | crime for any pe<br>to any matter w                                                    | rson knowingly and                                                                                     | willfully to r                                                          | nake to any department or              | agency of the United                        |
| (Instructions on page 2) ** BLM REV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SED ** BLM REVISED                                                                                                                                                          | ) ** BLM RE                                                                            | EVISED ** BLN                                                                                          | I REVISE                                                                | D ** BLM REVISE                        | D** K.H.                                    |

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# PECOS DISTRICT DRILLING CONDITIONS OF APPROVAL

| <b>OPERATOR'S NAME:</b>    | Devon Energy Production Company LP  |
|----------------------------|-------------------------------------|
| LEASE NO.:                 | NMNM086153                          |
| WELL NAME & NO.:           | Fluffy Cat 16-21 State Fed Com 212H |
| SURFACE HOLE FOOTAGE:      | 2620'/N & 619'/W                    |
| <b>BOTTOM HOLE FOOTAGE</b> | 330'/S & 400'/W                     |
| LOCATION:                  | Section 16, T.23 S., R.32 E., NMPM  |
|                            | Lea County, New Mexico              |



| H2S                  | • Yes            | ſ No             |                  |
|----------------------|------------------|------------------|------------------|
| Potash               | None             | C Secretary      | <b>C</b> R-111-P |
| Cave/Karst Potential | C Low            |                  |                  |
| Variance             | None             | Flex Hose        | C Other          |
| Wellhead             | Conventional     | Multibowl        | • Both           |
| Other                | √4 String Area   | Capitan Reef     | <b>□</b> WIPP    |
| Other                | Fluid Filled     | ☐ Cement Squeeze | ☐ Pilot Hole     |
| Special Requirements | ✓ Water Disposal | Г СОМ            | 🔽 Unit           |

#### **All Previous COAs Still Apply**

#### A. CASING

Intermediate casing must be kept fluid filled to meet BLM minimum collapse requirement.

1. The minimum required fill of cement behind the 9-5/8 inch intermediate casing is:

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

• Cement to surface. If cement does not circulate see B.1.a, c-d above. Cement excess is less than 25%, more cement might be required.

### Option 2:

Operator has proposed a DV tool, the depth may be adjusted as long as the cement is changed proportionally. The DV tool may be cancelled if cement circulates to surface on the first stage.

- a. First stage to DV tool: Cement to circulate. If cement does not circulate off the DV tool, contact the appropriate BLM office before proceeding with second stage cement job.
- b. Second stage above DV tool:

.

• Cement to surface. If cement does not circulate, contact the appropriate BLM office.

Cement excess is less than 25%, more cement might be required.

# **GENERAL 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)
  - Chaves and Roosevelt Counties
     Call the Roswell Field Office, 2909 West Second St., Roswell NM 88201.
     During office hours call (575) 627-0272.
     After office hours call (575)
  - Eddy County

Call the Carlsbad Field Office, 620 East Greene St., Carlsbad, NM 88220, (575) 361-2822

Lea County

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

- 1. 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.
  - a. In the event the operator has proposed to drill multiple wells utilizing a skid/walking rig. Operator shall secure the wellbore on the current well, after installing and testing the wellhead, by installing a blind flange of like pressure rating to the wellhead and a pressure gauge that can be monitored while drilling is performed on the other well(s).
  - b. When the operator proposes to set surface casing with Spudder Rig
    - Notify the BLM when moving in and removing the Spudder Rig.
    - Notify the BLM when moving in the 2<sup>nd</sup> Rig. Rig to be moved in within 90 days of notification that Spudder Rig has left the location.
    - BOP/BOPE test to be conducted per Onshore Oil and Gas Order No. 2 as soon as 2nd Rig is rigged up on well.
- 2. 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 are located, this does not include the dog house or stairway area.

- 3. 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.
- A. CASING
- 1. 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.
- <u>Wait on cement (WOC) for Potash Areas:</u> After cementing but before commencing any tests, the casing string shall stand cemented under pressure until both of the following conditions have been met: 1) cement reaches a minimum compressive strength of 500 psi for all cement blends, 2) until cement has been in place at least <u>24</u> hours. WOC time will be recorded in the driller's log.

L

- <u>Wait on cement (WOC) for Water Basin</u>: After cementing but before commencing any tests, the casing string shall stand cemented under pressure until both of the following conditions have been met: 1) cement reaches a minimum compressive strength of 500 psi at the shoe, 2) until cement has been in place at least <u>8 hours</u>. WOC time will be recorded in the driller's log. See individual casing strings for details regarding lead cement slurry requirements.
- 4. Provide compressive strengths including hours to reach required 500 pounds compressive strength prior to cementing each casing string. Have well specific cement details onsite prior to pumping the cement for each casing string.
- 5. No pea gravel permitted for remedial or fall back remedial without prior authorization from the BLM engineer.
- 6. On that portion of any well approved for a 5M BOPE system or greater, a pressure integrity test of each casing shoe shall be performed. Formation at the shoe shall be tested to a minimum of the mud weight equivalent anticipated to control the formation pressure to the next casing depth or at total depth of the well. This test shall be performed before drilling more than 20 feet of new hole.
- 7. 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.

8. Whenever a casing string is cemented in the R-111-P potash area, the NMOCD requirements shall be followed.

### B. DRILLING MUD

Mud system monitoring equipment, with derrick floor indicators and visual and audio alarms, shall be operating before drilling into the Wolfcamp formation, and shall be used until production casing is run and cemented.

## Devon Energy, Fluffy Cat 16-21 State Fed Com 212H

# 1. Geologic Formations

| TVD of target | 10,625' | Pilot hole depth              | N/A |
|---------------|---------|-------------------------------|-----|
| MD at TD:     | 17,750' | Deepest expected fresh water: |     |

Basin

| Formation       | Depth (TVD)<br>from KB | Water/Mineral Bearing/<br>Target Zone? | Hazards* |
|-----------------|------------------------|----------------------------------------|----------|
| Rustler         | 1185                   |                                        |          |
| Salado          | 1529                   |                                        |          |
| Delaware        | 4769                   |                                        |          |
| L.Brushy        | 8364                   |                                        |          |
| 1st BSPG Lime   | 8670                   |                                        |          |
| 1st BSPG Sand   | 9826                   |                                        |          |
| 2nd BSPG Lime   | 10139                  |                                        |          |
| 2nd BSPG Sand   | 10426                  | · · · · · · · · · · · · · · · · · · ·  |          |
| 2nd BSPG Target | 10640                  |                                        |          |

\*H2S, water flows, loss of circulation, abnormal pressures, etc.

1 Drilling Plan

Devon - Internal

## Devon Energy, Fluffy Cat 16-21 State Fed Com 212H

| <b>Hole Size</b> | Casing | g Interval | Csg.   | Weight  | Grade      | Conn     | SF       | SF Burst | SF      |
|------------------|--------|------------|--------|---------|------------|----------|----------|----------|---------|
| · .              | From   | To         | Size   | (lbs)   |            | •        | Collapse |          | Tension |
| 12.25"           | 0      | 4,500'     | 9.625" | 40      | J-55       | BTC      | 1.15     | 1.77     | 4.10    |
|                  | 4,500  | 8,750'     | 9.625" | 40      | HCK-55     | BTC      | 1.18     | 1.32     | 3.75    |
|                  | l ·    |            |        | BLM Min | imum Safet | y Factor | 1.125    | 1.00     | 1.6 Dry |
|                  |        |            |        |         |            | -        |          |          | 1.8 Wet |

All casing strings will be tested in accordance with Onshore Oil and Gas Order #2 III.B.1.h

### 3. Mud Program

| Depth  |        | Туре                | Weight (ppg) | Viscosity | Water Loss | ٦.         |  |
|--------|--------|---------------------|--------------|-----------|------------|------------|--|
| From   | To     |                     |              |           |            | <b>4</b> 0 |  |
| 1,202' | 8,750' | Cut/Saturated Brine | 9.4 -10.5    | 28-34     | N/C        | 1          |  |

Sufficient mud materials to maintain mud properties and meet minimum lost circulation and weight increase requirements will be kept on location at all times.

| What will be used to monitor the loss or gain | PVT/Pason/Visual Monitoring |
|-----------------------------------------------|-----------------------------|
| of fluid?                                     |                             |

## 6. Logging and Testing Procedures

| Logg | ing, Coring and Testing.                                                         |
|------|----------------------------------------------------------------------------------|
| x    | Will run GR/CNL from TD to surface (horizontal well – vertical portion of hole). |
|      | Stated logs run will be in the Completion Report and submitted to the BLM.       |
|      | No Logs are planned based on well control or offset log information.             |
|      | Drill stem test? If yes, explain                                                 |
|      | Coring? If yes, explain                                                          |
|      | We plan to conduct whole cores through the Leonard Formation                     |

| Add | litional logs planned | Interval                |
|-----|-----------------------|-------------------------|
|     | Resistivity           | Int. shoe to KOP        |
|     | Density               | Int. shoe to KOP        |
|     | CBL                   | Production casing       |
| X   | Mud log               | Intermediate shoe to TD |
|     | PEX                   |                         |

2 Drilling Plan

Devon - Internal