

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

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

QUESTIONS

Action 534811

QUESTIONS

|                                                                                              |                                                   |
|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| Operator:<br>WPX Energy Permian, LLC<br>Devon Energy - Regulatory<br>Oklahoma City, OK 73102 | OGRID:<br>246289                                  |
|                                                                                              | Action Number:<br>534811                          |
|                                                                                              | Action Type:<br>[UF-FAC] FS Registration (FS-REG) |

QUESTIONS

|                                                  |                    |
|--------------------------------------------------|--------------------|
| Facility Details                                 |                    |
| Please answer all the questions in this group.   |                    |
| Name of the facility                             | ROSS DRAW 35 CTB 3 |
| Date the facility was or will commence operation | 11/20/2025         |
| Depth to ground water, if known                  | Not answered.      |

|                                                                |    |
|----------------------------------------------------------------|----|
| Verification                                                   |    |
| Does the operator have other facilities with a matching name   | No |
| Are there other facilites located within approximately 50 feet | No |

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ACKNOWLEDGMENTS

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|                                     |                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility.              |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed.                               |