

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-40424
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Onyx 29 PWU
8. Well Number 4H
9. OGRID Number 6137
10. Pool name or Wildcat Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312'GL

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Devon Energy Production Company, L.P.	
3. Address of Operator 333 W. Sheridan, Oklahoma City, OK 73102	
4. Well Location Unit Letter <u>M</u> :330 feet from the <u>South</u> line and 400 feet from the <u>West</u> line Section 29 Township 19S Range 29E NMPM Eddy, County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312'GL	

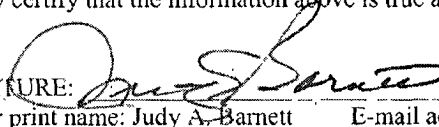
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER <input checked="" type="checkbox"/> Flare Gas		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
Devon Energy Production Company, L. P. respectfully requests to flare the above well due to DCP Magnum Booster went down w/ SI @ 80 psi. Please find attached the C-129.

Attachments:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:  TITLE: Regulatory Specialist DATE: 9/20/12
Type or print name: Judy A. Barnett E-mail address: Judith.Barnett@dvn.com PHONE: 405-228-8699
For State Use Only

APPROVED BY: _____ TITLE: _____ DATE: _____
Conditions of Approval (if any): _____

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Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-129
Revised August 1, 2011
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NFO Permit No. _____
(For Division Use Only)

APPLICATION FOR EXCEPTION TO NO-FLARE RULE 19.15.18.12

(See Rule 19.15.18.12 NMAC and Rule 19.15.7.37 NMAC)

30-015-40424

- A. Devon Production Company L. P. _____,
whose address is 333 W. Sheridan, Oklahoma City, OK 73102 _____,
hereby requests an exception to Rule 19.15.18.12 for 60 _____ days or until
_____, Yr _____, for the following described tank battery (or LACT):
Name of Lease _____ Name of Pool Bone Spring _____
Location of Battery: Unit Letter M _____ Section 29 _____ Township 19S _____ Range 29E _____
Number of wells producing into battery (5 wells) into Onyx 29 - 4H _____
- B. Based upon oil production of _____ barrels per day, the estimated * volume
of gas to be flared is 3.5MM _____ MCF; Value _____ per day.
- C. Name and location of nearest gas gathering facility:
DCP Magnum Booster _____
- D. Distance _____ Estimated cost of connection _____
- E. This exception is requested for the following reasons: DCP Magnum Booster went down SI @ 80psi _____

OPERATOR

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature _____

Printed Name

& Title Judy A. Barnett, Regulatory Specialist

E-mail

Address Judith.Barnett@dmn.com

Date 9/20/12

Telephone No. 405.228.8699

OIL CONSERVATION DIVISION

Approved Until Dec 3-2012

By

Title

Date

* Gas-Oil ratio test may be required to verify estimated gas volume.