Form 3160-5 (August 2007) OCD Artesia DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS			CD Artesia	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010	
			5. Lease Serial No. NMLC061869		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other				8. Well Name and No. BIG SINKS DRAW 25 FED COM 1H	
2. Name of Operator Contact: ERIN WORKMAN DEVON ENERGY PRODUCTION CO ERMail: ERIN.WORKMAN@DVN.COM				9. API Well No. 30-015-41548-00-S1	
	3b. Phone No. (include area code) Ph: 405-552-7970			10. Field and Pool, or Exploratory WC 015 G 05 S263125N	
T., R., M., or Survey Description)	vey Description)			11. County or Parish, and State	
E SWNW 2440FNL 500FWL 103.740195 W Lon				EDDY COUNTY, NM	
ROPRIATE BOX(ES) TC	INDICATE NAT	URE OF N	IOTICE, RE	PORT, OR OTHE	ER DATA
	TYPE OF ACTION				
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Alter Casing	—	—			U Well Integrity
				Other .	
Convert to Injection				-	
2.05.14, with ending date o	7 f 02.28.14.	SEE A CON	DITION	IS OF APPI	
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s true and correct. Electronic Submission #2	84286 verified by the PRODUCTION CC) LP. sent to	o the Carlsba	System d	<u>/C/1/-</u>
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For DEVON ENERG mitted to AFMSS for process ORKMAN Submission) THIS SPACE FO A. Approval of this notice does n uitable title to those rights in the s act operations thereon. U.S.C. Section 1212, make it a ci	ing by JENNIFER S Title Date R FEDERAL OR Title Title Date Offic Control of the second	REGULA 12/05/20 R STATE C e owingly and v jurisdiction.	ATORY COM CCEPTE FFICE US MAI BOREAU OF CARLSE villfully to mak	PLIANCE PROF.	NT agency of the United
	DEPARTMENT OF THE IN BUREAU OF LAND MANAY (NOTICES AND REPOIN his form for proposals to cell. Use form 3160-3 (API RIPLICATE - Other instruct Contact: TION CO EPMail: ERIN.WOF 240FNL 500FWL 5 W Lon PROPRIATE BOX(ES) TO Acidize Alter Casing Casing Repair Change Plans Convert to Injection peration (clearly state all pertinent final inspection.) DEPROPRIATE NOTICE Shandoment Notices shall be file final inspection.) DEPROPENDENT OF COMPLETED STATE CONTRACT STATE STATE CONTRACT STATE STATE CONTRACT STATE STATE STATE CONTRACT STATE STATE CONTRACT STATE STATE CONTRACT STATE CO	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT (NOTICES AND REPORTS ON WELLS his form for proposals to drill or to re-enter reall. Use form 3160-3 (APD) for such propo- RIPLICATE - Other instructions on reverse Ather Contact: ERIN WORKMAN TION CO EFMail: ERIN.WORKMAN@DVN.COM 3b. Phone No. (inclu Ph: 405-552-797 202 T., R., M., or Survey Description) 2440FNL 500FWL 5 W Lon PROPRIATE BOX(ES) TO INDICATE NAT Atter Casing Change Plans Convert to Injection Convert to Injection Convert to Injection Convert to Injection Convert to Injection Departions. If the operation results in a multiple comp bandonment Notices shall be filed only after all require final inspection.) D. LP respectfully requests to flare the Big Sin CONTACT AND	Department of THE INTERIOR BUREAU OF LAND MANAGEMENT / NOTICES AND REPORTS ON WELLS his form for proposals to drill or to re-enter an ell. Use form 3160-3 (APD) for such proposals. APLICATE - Other instructions on reverse side. APLICATE - Other instructions on reverse side. TION CO ERMail: ERIN.WORKMAN@DVN.COM D2 7. R. M. or Survey Description) 2440FNL 500FWL 5 W Lon PROPRIATE BOX(ES) TO INDICATE NATURE OF N Casing Repair Actidize Casing Repair Casing Repair Convert to Injection Convert	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT (NOTICES AND REPORTS ON WELLS his form for proposals to drill or to re-enter an ell. Use form 3160-3 (APD) for such proposals. MPLICATE - Other instructions on reverse side. Mher Contact: ERIN WORKMAN TION CO EFMail: ERIN.WORKMAN@DVN.COM 3b. Phone No. (include area code) Ph: 405-552-7970 7. R. M., or Survey Description) 2440FNL 500FWL 5 W Lon PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE Acidize Deepen Production Acidize Deepen Production Casing Repair New Construction Recomplet Convert to Injection Plug Back Water Di peration (clearly state all pertinent details, including restimated starting date of any pro- nality or recomplete horizontally, give subsurface locations and measured and truy pro- perations. If the operation results in a multiple completion or recompletion in a multiple convert to Injection Plug Back Starting date of any pro- nt bandonnent Notices shall be filed only after all requirements, including reclamation. Timal inspection.) D. LP respectfully requests to flare the Big Sinks Draw 25 Fed Com 14 CONDITION 2.05.14, with ending date of 02.28.14. SEE ATTACC CONDITION	DepArtment OF THE INTERIOR BUREAU OF LAND MANAGEMENT OMBI Experime / NOTICES AND REPORTS ON WELLS his form for proposals to drill or to re-enter an nell. Use form 3160-3 (APD) for such proposals. 6. If Indian, Allouce MPLICATE - Other instructions on reverse side. 7. If Unit or CA/Agr Mther 8. Well Name and N. BIG SINKS DRA TION CO EfMail: ERIN.WORKMAN 9. API Well N. 30-015-41548 TON CO EFMail: ERIN.WORKMAN WORKMAN 9. API Well N. 30-015-41548 TON CO EFMail: ERIN.WORKMAN WORKMAN 9. API Well N. 30-015-41548 22 Distribution 23 Ph: 405-552-7970 24 Distribution 2440FNL 500FWL 10. Field and Pool, o WC 015 G 05 3 2440FNL 500FWL 11. County or Parish EDDY COUNT 2440FNL 500FWL 11. County or Parish EDDY COUNT PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHE TYPE OF ACTION PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHE HEDDY COUNT Change Plans Plug and Abandon Convert to Injection Plug and Abandon Change Plans Plug and Abandon Convert to Injection Plug Back Water Disposal peration (clearly state all pertiment details, including estimated starting date of any prop

Big Sinks Draw 25 Fed Com 1H 30-015-41548 Devon Energy Production Co. March 25, 2015 Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.

2. Comply with NTL-4A requirements

3. Subject to like approval from NMOCD

4. Flared volumes will still require payment of royalties

5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.

6. This approval does not authorize any additional surface disturbance.

7. Submit updated facility diagram as per Onshore Order #3.

8. Approval not to exceed 90 days for date of approval.

9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).

10. If flaring is still required past 90 days submit new request for approval.

11. If a portable unit is used to flare gas it must be monitored at all times.

12. Comply with any restrictions or regulations when on State or Fee surface.

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