

| Description              | Value  | Units |
|--------------------------|--------|-------|
| Flowcal Specific Gravity | 0.823  |       |
| Flowcal CO2 %            | 10.253 | %     |
| Flowcal H2S %            | 0.001  | %     |
| Flowcal N2 %             | 2.639  | %     |
| Flowcal O2 %             | 0      | %     |
| Flowcal H2 %             | 0      | %     |
| Flowcal Methane %        | 68.565 | %     |
| Flowcal Ethane %         | 9.379  | %     |
| Flowcal Propane %        | 5.925  | %     |
| Flowcal Heptane %        | 0.047  | %     |
| Flowcal Hexane %         | 0.109  | %     |
| Flowcal Isobutane %      | 0.638  | %     |
| Flowcal Isopentane %     | 0.417  | %     |
| Flowcal N-Butane %       | 1.587  | %     |
| Flowcal M-Butane %       | 0.188  | %     |

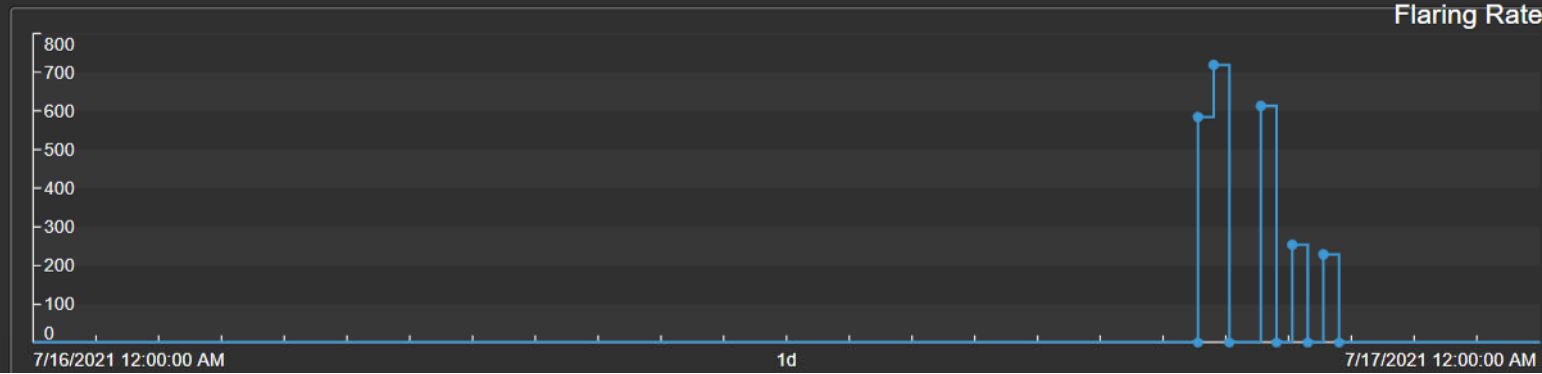
| surface_lat... | surface_long... | section_number | township_name | range_number | county_name | FMS Meter ID |
|----------------|-----------------|----------------|---------------|--------------|-------------|--------------|
| 32.29667       | -103.56715      | 22             | 23S           | 33E          | Lea         | 39011543     |

| Description   | Value |
|---------------|-------|
| Flow Rate     |       |
| Volume Today  |       |
| Volume Yest   |       |
| Flowtime Yest |       |

Associated Wells & Info

Facility Work Request History

Associated Documents and Reports



**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

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Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

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

QUESTIONS

Action 37237

**QUESTIONS**

|                                                                                                       |                                                                                                     |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 West Sheridan Ave.<br>Oklahoma City, OK 73102 | OGRID:<br>6137<br>Action Number:<br>37237<br>Action Type:<br>[C-129] Venting and/or Flaring (C-129) |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

**QUESTIONS****Determination of Reporting Requirements**

Answer all questions that apply. The Reason(s) statements are calculated based on your answers and may provide additional guidance.

|                                                                                                                                                                                                                                                                                          |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Was or is this venting or flaring caused by an emergency or malfunction                                                                                                                                                                                                                  | Yes                                           |
| Did or will this venting or flaring last eight hours or more cumulatively within any 24-hour period from a single event                                                                                                                                                                  | No                                            |
| Is this considered a submission for a notification of a major venting or flaring                                                                                                                                                                                                         | Yes, minor venting or flaring of natural gas. |
| <b>The operator shall file a form C-141 instead of a form C-129 for a release that includes liquid during venting or flaring that is or may be a major or minor release under 19.13.29.7 NMAC.</b>                                                                                       |                                               |
| Was there or will there be at least 50 MCF of natural gas vented or flared during this event                                                                                                                                                                                             | Yes                                           |
| Did this venting or flaring result in the release of ANY liquids (not fully and/or completely flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water | No                                            |

**Unregistered Facility Site**

Please provide the facility details, if the venting or flaring occurred or is occurring at a facility that does not have an Facility ID (##) yet.

|                       |                          |
|-----------------------|--------------------------|
| Facility or Site Name | THISTLE UNIT 22 BS CTB 1 |
| Facility Type         | Flare Stack - (FS)       |

**Equipment Involved**

|                                                           |                        |
|-----------------------------------------------------------|------------------------|
| Primary Equipment Involved                                | Gas Compressor Station |
| Additional details for Equipment Involved. Please specify | Not answered.          |

**Representative Compositional Analysis of Vented or Flared Natural Gas**

Please provide the mole percent for the percentage questions in this group.

|                                                                                                                                      |               |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Methane (CH4) percentage                                                                                                             | 69            |
| Nitrogen (N2) percentage, if greater than one percent                                                                                | 3             |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                               | 10            |
| Carbon Dioxide (CO2) percentage, if greater than one percent                                                                         | 10            |
| Oxygen (O2) percentage, if greater than one percent                                                                                  | 0             |
| <b>If you are venting and/or flaring because of Pipeline Specification, please provide the required specifications for each gas.</b> |               |
| Methane (CH4) percentage quality requirement                                                                                         | Not answered. |
| Nitrogen (N2) percentage quality requirement                                                                                         | Not answered. |
| Hydrogen Sulfide (H2S) PPM quality requirement                                                                                       | Not answered. |
| Carbon Dioxide (CO2) percentage quality requirement                                                                                  | Not answered. |
| Oxygen (O2) percentage quality requirement                                                                                           | Not answered. |

**Date(s) and Time(s)**

|                                                                                     |            |
|-------------------------------------------------------------------------------------|------------|
| Date venting or flaring was discovered or commenced                                 | 07/16/2021 |
| Time venting or flaring was discovered or commenced                                 | 06:33 PM   |
| Is the venting or flaring event complete                                            | Yes        |
| Date venting or flaring was terminated                                              | 07/16/2021 |
| Time venting or flaring was terminated                                              | 08:58 PM   |
| Total duration of venting or flaring in hours, if venting or flaring has terminated | 3          |
| Longest duration of cumulative hours within any 24-hour period during this event    | 1          |

**Measured or Estimated Volume of Vented or Flared Natural Gas**

|                                                                        |                                                                                                                        |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Natural Gas Vented (Mcf) Details                                       | Not answered.                                                                                                          |
| Natural Gas Flared (Mcf) Details                                       | Cause: High Line Pressure   Other (Specify)   Natural Gas Flared   Spilled: 56 Mcf   Recovered: 0 Mcf   Lost: 56 Mcf ] |
| Other Released Details                                                 | Not answered.                                                                                                          |
| Additional details for Measured or Estimated Volume(s). Please specify | Not answered.                                                                                                          |
| Is this a gas only submission (i.e. only Mcf values reported)          | Yes, according to supplied volumes this appears to be a "gas only" report.                                             |

**Venting or Flaring Resulting from Downstream Activity**

|                                                                        |               |
|------------------------------------------------------------------------|---------------|
| Was or is this venting or flaring a result of downstream activity      | Yes           |
| Date notified of downstream activity requiring this venting or flaring | Not answered. |
| Time notified of downstream activity requiring this venting or flaring | Not answered. |

**Steps and Actions to Prevent Waste**

|  |
|--|
|  |
|--|

|                                                                                                                                |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For this event, the operator could not have reasonably anticipated the current event and it was beyond the operator's control. | False                                                                                                                                                                                     |
| Please explain reason for why this event was beyond your operator's control                                                    | Lease Operator could've choked wells back or shut wells in when they saw it was flaring.                                                                                                  |
| Steps taken to limit the duration and magnitude of venting or flaring                                                          | Wells either need to be shut in or choked back till 3 new well's production rates come down.                                                                                              |
| Corrective actions taken to eliminate the cause and reoccurrence of venting or flaring                                         | Asst. foreman is going to check witches hat on sales meter to see if any blockage is causing higher line pressure or if 3 new wells to Thistle 22 ctb 2 are causing higher line pressure. |

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CONDITIONS  
  
Action 37237

CONDITIONS

|                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator:<br>DEVON ENERGY PRODUCTION COMPANY, LP<br>333 West Sheridan Ave.<br>Oklahoma City, OK 73102 | OGRID:<br>6137                                         |
|                                                                                                       | Action Number:<br>37237                                |
|                                                                                                       | Action Type:<br>[C-129] Venting and/or Flaring (C-129) |

CONDITIONS

| Created By | Condition                                                                                                                                                                            | Condition Date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| system     | If the information provided in this report requires an amendment, submit a [C-129] Request to Amend Venting and/or Flaring Incident, utilizing your incident number from this event. | 7/21/2021      |