

State of New Mexico Energy, Minerals and Natural Resources Department

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Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Seismicity Response Protocol Information Form

This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.

Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal wells or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have and approved injection permit but have not yet been drilled or commenced injection.

Well Informatio	n
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		wen mi	ormation .	
I. Operator:	Devon Energy Producti	on Co., L.P. OGRID:	6137	OCD notification date: 10/24/2022
Well Name:	Ross Ranch 10 Federal	#001 API # 30-0	15-29605	
II. Type of	Notification: Origina	al □ Amendment □ Other		
If Other, please describe:				
III. Seismic event information: Magnitude 3.4 Location 32.004 lat, -103.818 long Date of occurrence 10/14/2022				
Source of information (i.e. USGS, NMTSO, TexNet, other) USGS Depth of occurrence 8.54 km				
IV. Well(s): Provide the following information for each well permitted within a 10-mile proximity of the epicenter.				
Injection	Distance from	Perforated and/or open-ho		Formation/s completed

Injection Order	Distance from epicenter	Perforated and/or open-hole interval (Vertical Depth)	Formation/s completed
SWD-1298	5.11 mi	5118' - 5367'	Cherry Canyon

- V. 🗵 An updated well bore diagram is required to be attached, which identifies the current injection intervals (perforations and/or open hole), formation tops, measured depth, vertical depths and Sub-Sea True vertical depths.
- VI. Well Information Prior to Injection Volume Reduction: Provide the following information for each well identified in Section IV. Daily rates and pressures are based on the active injection days during the prior 6-month period.

Avg daily injection rate (prior to reduction)	Avg injection daily pressure (prior to reduction)	Well Type (Commercial, lease only, single operator)
370	837	Single Operator

VII. Well Information After Injection Volume Reduction: Provide the following information for each well identified in Section IV.

Avg daily injection rate limit (post reduction)	Avg injection daily pressure limit (post reduction)	Reduction %	Reduction start date	Reduction achieved date
277.5	627.75	25	10/24/2022	

Acknowledgments

Operator acknowledges that it must take the following actions as part of its seismic response protocol:

- \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}}}}}}}}}}}}}}} \end{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text The report is due on the Wednesday the week following the weekly monitoring interval.
- 🖾 Operator shall start or continue to digitally measure injection volumes and pressures for each well at a minimum of an hourly basis, and shall archive the data and make it available to OCD upon receipt of a written request.
- \(\times \) Operator shall monitor seismicity events with magnitudes equal to or greater than M2.5 within a radius of 10 miles around each well using USGS / NMTSO data, and shall archive the data and make it available to OCD upon receipt of a written request.
- 🖾 Operator shall notify OCD and provide updated pertinent well information within 24 hours of an event greater than M 2.5 within a radius of 10 miles around each well using this OCD form.
- After each event greater than M 2.5 within a radius of 10 miles around each well, Operator shall inspect well head and well equipment of each well to ensure proper working order. As part of this inspection, Operator should evaluate whether a Bradenhead test or MIT is warranted to ensure wellbore integrity.

I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.

Signature	•

Printed Name:

Shayda Omoumi

Regulatory Compliance Professional

E-mail Address:

shayda.omoumi@dvn.com

Date:

Title:

10/24/2022

Phone:

405-552-3513

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

District II 811 S. First St., Artesia, NM 88210 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

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**

DEFINITIONS

Action 151287

DEFINITIONS

Operator:	OGRID:
DEVON ENERGY PRODUCTION COMPANY, LP	6137
333 West Sheridan Ave.	Action Number:
Oklahoma City, OK 73102	151287
	Action Type:
	[UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

DEFINITIONS

For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application:

• this application's operator, hereinafter "this operator".

This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.

Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal well or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have and approved injection permit but have not yet been drilled or commenced injection.

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QUESTIONS

Action 151287

QUESTIONS

Operator:	OGRID:
DEVON ENERGY PRODUCTION COMPANY, LP	6137
333 West Sheridan Ave.	Action Number:
Oklahoma City, OK 73102	151287
	Action Type:
	[UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

QUESTIONS

Prerequisites	
Well	[30-015-29605] ROSS RANCH 10 FEDERAL #001

Seismic Event Information		
The source and reference ID is required, if you would like to submit information of a new seismic event.		
Source of information (i.e., USGS, NMTSO, TexNet, other)	usgs	
Reference ID from source of information	tx2022udqr	
Magnitude	3.4	
Latitude	32.00400	
Longitude	-103.81800	
Date of occurrence	10/14/2022	
Depth of occurrence (kilometers)	5.00	

Injection Order	
Please indicate the latest (current) injection order permitting injection for this well.	
Admin Order (SWD-#)	SWD-1298-0 [pTGW1123458194]
Hearing Order (R-#)	Not answered.

Well Information		
The following information is required for each well permitted within a 10-mile proximity of the epicenter.		
Distance from epicenter (miles)	5	
Top perforated and/or open-hole interval (vertical depth in feet)	5,118	
Bottom perforated and/or open-hole interval (vertical depth in feet)	5,367	
Formation(s) completed	Cherry Canyon	

Well Information Prior to Injection Volume Reduction		
Daily rates and pressures are based on the active injection days during the prior 6-month period.		
Average daily injection rate (BBLS per day), prior to reduction	370	
Average injection daily pressure (PSI), prior to reduction	837	
Well Type (i.e., Commercial, Lease Only, Single Operator)	Single Operator	

Well Information After Injection Volume Reduction		
llowing information is required for each well permitted within a 10-mile proximity of the epicenter.		
Required injection rate reduction percentage (0%, 25%, 50%, Shut-in)	25%	
Average daily injection rate (BBLS per day) limit, post reduction	277	
Average injection daily pressure (PSI) limit, post reduction	627	
Reduction start date	10/24/2022	
Reduction achieved date	10/24/2022	

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ACKNOWLEDGMENTS

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	[UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

ACKNOWLEDGMENTS

V	This operator acknowledges that it must take the appropriate following action(s) as part of its seismic response protocol:
⋉	This operator shall report the daily injection volumes and pressures for each well on a weekly basis on the form prescribed by the OCD. The report is due on the Wednesday the week following the weekly monitoring interval.
V	This operator shall start or continue to digitally measure injection volumes and pressures for each well at a minimum of an hourly basis, and shall archive the data and make it available to OCD upon receipt of a written request.
V	This operator shall monitor seismicity events with magnitudes equal to or greater than M2.5 within a radius of 10 miles around each well using USGS / NMTSO data, and shall archive the data and make it available to OCD upon receipt of a written request.
V	This operator shall notify OCD and provide updated pertinent well information within 24 hours of an event greater than M 2.5 within a radius of 10 miles around each well using this OCD form.
V	After each event greater than M 2.5 within a radius of 10 miles around each well, this operator shall inspect well head and well equipment of each well to ensure proper working order. As part of this inspection, Operator should evaluate whether a Bradenhead test or MIT is warranted to ensure wellbore integrity.
V	I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.

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CONDITIONS

Created By	Condition	Condition Date
drose	Accepted for record	1/6/2023