Form 3160-5 (August 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT AT ISDA FIELD OMB N Expires: ON WELLS OF LAND NMNM036379

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS OF NMNM036379

Do not use this form for proposals to drill or to re-enter to Artesia If Indian, Allouce or Tribe Name

| availabilited Well. Ose form 3100-3 (APD) for such proposals.                                                                                                 |                                                                                       |                              |                                               |                                 |                                                        |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|---------------------------------|--------------------------------------------------------|----------------------|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                    |                                                                                       |                              |                                               |                                 | 7. If Unit or CA/Agreement, Name and/or No. 891005247F |                      |
| Type of Well     ☐ Gas Well ☐ Other                                                                                                                           |                                                                                       |                              |                                               |                                 | Well Name and No.     MultipleSee Attached             |                      |
| 2. Name of Operator Contact: ERIN WORKMAN DEVON ENERGY PRODUCTION CO EMail: Erin.workman@dvn.com                                                              |                                                                                       |                              |                                               |                                 | API Well No.     MultipleSee Attached                  |                      |
| 3a. Address<br>333 WEST SHERIDAN AVE<br>OKLAHOMA CITY, OK 73102                                                                                               | (include area cod<br>2-7970                                                           | le)                          | 10. Field and Pool, or Exploratory POKER LAKE |                                 |                                                        |                      |
| 4. Location of Well (Footage, Sec., T                                                                                                                         |                                                                                       |                              | 11. County or Parish, a                       | and State                       |                                                        |                      |
| MultipleSee Attached                                                                                                                                          |                                                                                       |                              | EDDY COUNTY, NM                               |                                 |                                                        |                      |
| 12. CHECK APPI                                                                                                                                                | ROPRIATE BOX(ES) TO                                                                   | INDICATE                     | NATURE OF                                     | NOTICE, F                       | EPORT, OR OTHER                                        | R DATA               |
| TYPE OF SUBMISSION                                                                                                                                            | OF SUBMISSION TYPE OF ACTION                                                          |                              |                                               |                                 |                                                        | <del></del>          |
| Marian of Inc.                                                                                                                                                | ☐ Acidize ☐                                                                           |                              | eepen                                         |                                 | tion (Start/Resume)                                    | ☐ Water Shut-Off     |
| Notice of Intent <sup>→</sup>                                                                                                                                 | ☐ Alter Casing                                                                        | ☐ Fracture Treat             |                                               | ☐ Reclar                        |                                                        | ☐ Well Integrity     |
| ☐ Subsequent Report ☐ Casing Repair                                                                                                                           |                                                                                       | ■ New Construction           |                                               | ☐ Recom                         | plete                                                  | Other                |
| ☐ Final Abandonment Notice                                                                                                                                    | ☐ Change Plans                                                                        | ☐ Plug and Abandon           |                                               | ☐ Tempo                         | rarily Abandon                                         | Venting and/or Flari |
|                                                                                                                                                               | ☐ Convert to Injection                                                                | ☐ Plug Back                  |                                               | ☐ Water                         | •                                                      | ng                   |
| Devon Energy Production Cor<br>county on the Cotton Draw Un<br>have attached approved NOI t<br>Attachment: Sundry approved                                    | it 155H & Cotton Draw Un<br>or review. The flaring is fro                             | nit 156H that wom March 2, 2 | vas submitted                                 | and approve<br>1, 2015<br>ATION | ACCEPTED FO                                            | )R                   |
| Thank you!                                                                                                                                                    |                                                                                       |                              |                                               |                                 |                                                        |                      |
| . 00                                                                                                                                                          | OV <b>0 9</b> 201                                                                     | J                            | MAY 06201                                     | 5                               |                                                        |                      |
|                                                                                                                                                               | ed for record<br>MOCD                                                                 | L                            | RECEIVED                                      | <b>)</b>                        |                                                        |                      |
| 14. I hereby certify that the foregoing is                                                                                                                    | true and correct./ Electronic Submission #3 For DEVON ENERG mmitted to AFMSS for proc | GY PRODUCȚI                  | ON CO LP, se                                  | nt to the Hob                   | bs                                                     |                      |
| Name(Printed/Typed) ERIN WORKMAN                                                                                                                              |                                                                                       |                              | Title REGULATORY COMPLIANCE PROF.             |                                 |                                                        |                      |
|                                                                                                                                                               |                                                                                       | <i>;</i>                     |                                               |                                 |                                                        |                      |
| Signature (Electronic S                                                                                                                                       | ubmission)                                                                            |                              | Date 05/06/                                   | 2015                            |                                                        |                      |
|                                                                                                                                                               | THIS SPACE FO                                                                         | R FEDERAI                    | OR STATE                                      | OFFICE L                        | ISE ·                                                  |                      |
| Approved By Jenn: FER                                                                                                                                         | MASON                                                                                 |                              | Title ENG                                     | <u> </u>                        |                                                        | Date 6/15            |
| Conditions of approval, if any, are attached<br>certify that the applicant holds legal or equivalent to condu-<br>which would entitle the applicant to condu- | itable title to those rights in the                                                   |                              | Office (F.                                    | <u> </u>                        |                                                        |                      |
| Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s                                                                        |                                                                                       |                              |                                               |                                 | to any department or                                   | agency of the United |

## Additional data for EC transaction #300643 that would not fit on the form

Wells/Facilities, continued

 Well/Fac Name, Number COTTON DRAW UNIT 155H COTTON DRAW UNIT 156H **API Number** 30-015-38607-00-S1 30-015-38557-00-S1 **Location**Sec 35 T24S R31E NWNE Lot B 200FNL 1980FEL
Sec 35 T24S R31E NENE 200FNL 660FEL

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Devon Energy Prod. Co. Cotton Draw Unit 155H, 156H Lease NM036379, Unit NM70928G

July 27, 2015

## **Condition of Approval to Flare Gas**

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties and volumes need to be reported on OGOR "B" reports as disposition code "08".
- 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.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3 if one is not on file.
- 8. Approval not to exceed 90 days.
- 9. Submit Subsequent Report with actual volumes of gas flared for each month gas is flared.