Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135

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Expires: July 31, 2010

5. Lease Serial No.

| SUNDRY Do not use the                                                                                                                                                                                                                                                              | NOTICES AND REPOR is form for proposals to II. Use form 3160-3 (APL                                                                                                              | drill ar in E                                          | Shad F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ield <b>Office</b> at                                                                                      | lottee or Tribe                                                  | Name                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 7. If Unit or CA/Agreement, Name and/or No.<br>8910123910        |                                       |  |
| Type of Well     Gas Well □ Other                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 8. Well Name and No. BURTON FLAT DEEP UNIT 61H                   |                                       |  |
| Name of Operator Contact: MEGAN MORAVEC     DEVON ENERGY PRODUCTION CO EPMail: megan.moravec@dvn.com                                                                                                                                                                               |                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 9. API Well No.<br>30-015-43136-00-\$1                           |                                       |  |
| 3a. Address<br>333 WEST SHERIDAN AVE<br>OKLAHOMA CITY, OK 73102                                                                                                                                                                                                                    |                                                                                                                                                                                  | 3b. Phone No. (include area code) Ph: 405-552-3622     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · AVALON-                                                                                                  | 10. Field and Pool, or Exploratory<br>AVALON-DELAWARE<br>UNKNOWN |                                       |  |
| 4. Location of Well (Footage, Sec., 7                                                                                                                                                                                                                                              | 11. County or Parish, and Sta                                                                                                                                                    |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ate                                                                                                        |                                                                  |                                       |  |
| Sec 2 T21S R27E NWSW 20                                                                                                                                                                                                                                                            | EDDY COUNTY, NM                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                  |                                       |  |
| 12. CHECK APP                                                                                                                                                                                                                                                                      | ROPRIATE BOX(ES) TO                                                                                                                                                              | ) INDICATE                                             | NATURE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NOTICE, REPORT, OR O                                                                                       | OTHER DA                                                         | TA                                    |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                 | TYPE OF ACTION                                                                                                                                                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                  |                                       |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                 | ☐ Acidize ☐ De                                                                                                                                                                   |                                                        | pen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Production (Start/Resu                                                                                   | tion (Start/Resume) Wa                                           |                                       |  |
| _                                                                                                                                                                                                                                                                                  | ☐ Alter Casing ☐ Fra                                                                                                                                                             |                                                        | ture Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Reclamation →                                                                                            | 0                                                                | Well Integrity                        |  |
| Subsequent Report                                                                                                                                                                                                                                                                  | ☐ Casing Repair                                                                                                                                                                  | □ New                                                  | Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | □ Recomplete                                                                                               |                                                                  | ☑ Other<br>Venting and/or Flari<br>ng |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                         | Change Plans                                                                                                                                                                     | Plug                                                   | and Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | □ Temporarily Abandon                                                                                      |                                                                  |                                       |  |
|                                                                                                                                                                                                                                                                                    | Convert to Injection                                                                                                                                                             | Plug Back Water                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Water Disposal                                                                                           |                                                                  |                                       |  |
| If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involve testing has been completed. Final A determined that the site is ready for Devon respectfully requests a Battery, beginning July 27 to at their Artesia Plant on July | ork will be performed or provide d operations. If the operation re-<br>bandonment Notices shall be file final inspection.)  a 90 day flare extension to October 25, 2016. Extens | the Bond No. or<br>sults in a multipled only after all | in file with BLM/BI.  e completion or receptive incluing the completion or reception or reception or received in the completion of the com | A. Required subsequent reports ompletion in a new interval, a F ding reclamation, have been connit 61H/62H | shall be filed<br>orm 3160-4 st                                  | within 30 days<br>all be filed once   |  |
| Wells Contributing to the total flare volume are:  Burton Flat Deep Unit 53H (30-015-40502) Burton Flat Deep Unit 57H (30-015-40829) Burton Flat Deep Unit 61H (30-015-43136) Burton Flat Deep Unit 62H (30-015-42629)  SEE ATTACHED FOR CONDITIONS OF APPROPRIES  No. 1           |                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | NM OIL (<br>ARTE                                                 | CONSERVATION SIA DISTRICT             |  |
| 14. I hereby certify that the foregoing i                                                                                                                                                                                                                                          | s true and correct.                                                                                                                                                              | 245011 vorific                                         | t by the RI M We                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Il Information System                                                                                      |                                                                  |                                       |  |
| ·                                                                                                                                                                                                                                                                                  | OCILEAT ENEE OF OTTETTE OTO (101 1 100 TOE)                                                                                                                                      |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CEIVED                                                                                                     |                                                                  |                                       |  |
| Name (Printed/Typed) MEGAN N                                                                                                                                                                                                                                                       | MORAVEC                                                                                                                                                                          |                                                        | Title REGUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATORY ANALYST                                                                                              |                                                                  |                                       |  |
| Signature (Electronic                                                                                                                                                                                                                                                              | Date 07/27/2                                                                                                                                                                     | 2016                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······································                                                                     |                                                                  |                                       |  |
|                                                                                                                                                                                                                                                                                    | THIS SPACE FO                                                                                                                                                                    | R FEDERA                                               | L OR STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFFICE USE                                                                                                 |                                                                  | <i>&gt;</i>                           |  |
| Approved By (BLM Approver Not                                                                                                                                                                                                                                                      | Specified) Mustala                                                                                                                                                               | Hagive                                                 | Title P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ETROLEUM ENGINEE                                                                                           | R                                                                | Date 08/12/2016                       |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.                          |                                                                                                                                                                                  |                                                        | Office Carlsha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | q                                                                                                          |                                                                  | •                                     |  |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.