#### **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| OC | D-ARTESIA       |
|----|-----------------|
|    | $\sim 1081_{A}$ |

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

5. Lease Serial No. NMNM44594

## **SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.

| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                     |                       |                                            | 7. If Unit or CA/Agreement, Name and/or No. NMNM131438 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|--------------------------------------------|--------------------------------------------------------|----------------------|
| 1. Type of Well                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                     |                       |                                            | 8. Well Name and No.                                   |                      |
| ☑ Oil Well ☐ Gas Well ☐ Oth                                                                                                                                                                                                                                                                                              | AQUILA 22 FED (                                                                                                                                                                                                                                                                                                                           | COM 1H              |                       |                                            |                                                        |                      |
| Name of Operator Contact: SHEILA A FISHER DEVON ENERGY PRODUCTION CO Efficient Sheila. Fisher@dvn.com                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                     |                       |                                            | 9. API Well No.<br>30-015-40627-0                      | )0-S1                |
| 3a. Address<br>333 WEST SHERIDAN AVE<br>OKLAHOMA CITY, OK 73102                                                                                                                                                                                                                                                          | 3b. Phone No. (include area code) Ph: 575-748-1829                                                                                                                                                                                                                                                                                        |                     |                       | 10. Field and Pool, or Exploratory<br>LUSK |                                                        |                      |
| 4. Location of Well (Footage, Sec., T.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                           |                     | 11. County or Parish, | and State                                  |                                                        |                      |
| Sec 22 T19S R31E NENE 990                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                           |                     | EDDY COUNT            | Y, NM                                      |                                                        |                      |
| 12. CHECK APPR                                                                                                                                                                                                                                                                                                           | ROPRIATE BOX(ES) TO                                                                                                                                                                                                                                                                                                                       | ) INDICATE          | NATURE OF N           | NOTICE, RI                                 | EPORT, OR OTHE                                         | R DATA               |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                       | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                            |                     |                       |                                            |                                                        |                      |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                       | ☐ Acidize                                                                                                                                                                                                                                                                                                                                 | □ Dee               | pen                   | ☐ Product                                  | tion (Start/Resume)                                    | ■ Water Shut-Off     |
| _                                                                                                                                                                                                                                                                                                                        | ☐ Alter Casing                                                                                                                                                                                                                                                                                                                            | ☐ Fra               | cture Treat           | ☐ Reclam                                   | ation                                                  | ■ Well Integrity     |
| ☑ Subsequent Report                                                                                                                                                                                                                                                                                                      | □ Casing Repair                                                                                                                                                                                                                                                                                                                           | □ Nev               | v Construction        | ☐ Recomplete                               |                                                        | Other                |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                               | ☐ Change Plans                                                                                                                                                                                                                                                                                                                            | ☐ Plu               | g and Abandon         | ☐ Tempor                                   | rarily Abandon                                         |                      |
|                                                                                                                                                                                                                                                                                                                          | ☐ Convert to Injection                                                                                                                                                                                                                                                                                                                    | ☐ Plu               | g Back                | Water I                                    | Disposal                                               |                      |
| testing has been completed. Final Abdetermined that the site is ready for fit.  1. This well is producing from 2. Water produced is approxin 3. There are two 500bbl wate 4. Water will be piped to the a owned by Mesquite SWD, Inc. a) API # 30-015-41783 and b) 5. a) SWESE4, Sec 3, T20S, b) SW4SW4, Sec 16, T19S, R | the Lusk; Bone Spring, Vertical inspection.)  the Lusk; Bone Spring, Vertical inspection.  The tanks on location.  The tanks on location.  The tanks of location. | West. www.ed by Dev | SEE<br>CONDITI        | ATTACHED<br>ONS OF AF<br>b) Big Eddy       | FOR<br>PPROVAL<br>y SWD 1                              | and the operator has |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                               | true and correct. Electronic Submission # For DEVON ENERG                                                                                                                                                                                                                                                                                 | SV PRODUCT          | ON'CO IP contt        | o the Carlet                               |                                                        | ONSERVATIO:          |
| Name (Printed/Typed) SHEILA A                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                           |                     |                       | DMIN SUP                                   |                                                        |                      |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                  | Submission)                                                                                                                                                                                                                                                                                                                               |                     | Date 07/01/20         | 016                                        | Mag                                                    | ECEIVED              |
|                                                                                                                                                                                                                                                                                                                          | THIS SPACE FO                                                                                                                                                                                                                                                                                                                             | OR FEDERA           | L OR STATE            | OFFICE U                                   | SE                                                     |                      |
| Approved By  Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu                                                                                                                                                                      | itable title to those rights in the ct operations thereon.                                                                                                                                                                                                                                                                                | e subject lease     | Title EPS             | S J 318                                    | ?                                                      | 12.29.LC             |
| Title 18 U.S.C. Section 1001 and Title 43                                                                                                                                                                                                                                                                                | U.S.C. Section 1212, make it a                                                                                                                                                                                                                                                                                                            | crime for any pe    | erson knowingly and   | willfully to ma                            | ake to any department or                               | agency of the United |

# Additional data for EC transaction #343712 that would not fit on the form

32. Additional remarks, continued

6. a) SWD-1456 b) SWD-1186

## **WATER PRODUCTION & DISPOSAL INFORMATION**

\*In order to process your disposal request, the following information must be completed in full\*

| Site Name: Aquila 22 Fed Com 1H                                                  |                      |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------|----------------------|--|--|--|--|--|--|--|
| 1. Name(s) of formation(s) producing water on the lease: Lusk; Bone Spring, West |                      |  |  |  |  |  |  |  |
| 2. Amount of water produced from all formations in barrels per day: 280bbls      |                      |  |  |  |  |  |  |  |
| 4. How water is stored on lease: 2-500bbl water tanks on location                |                      |  |  |  |  |  |  |  |
| 5. How water is moved to the disposal facility: piped                            |                      |  |  |  |  |  |  |  |
| 6. Identify the Disposal Facility by:                                            |                      |  |  |  |  |  |  |  |
| A. Facility Operators Name: a.) Devon Energy Corporation b.) Mesquite SWD, Inc.  |                      |  |  |  |  |  |  |  |
| B. Facility or well name/number: a.) Hackberry 16 SWD 1 b.) Big Eddy SWD 1       |                      |  |  |  |  |  |  |  |
| C. Type of Facility or well (WDW) (WIW): a.) WDW b.) WDW                         |                      |  |  |  |  |  |  |  |
| D.1) Location by 1/4 1/4 SE4SE4 Section 3 Tov                                    | vnship 20S Range 31E |  |  |  |  |  |  |  |
| D.2) Location by 1/4 1/4 SW4SW4 . Section 16 Tow                                 | rnship 19S Range 31E |  |  |  |  |  |  |  |

Submit to this office, 620 EAST GREENE ST, CARLSBAD NM, 88220, the above required information on a Sundry Notice 3160-5. Submit 1 original and 5 copies, within abatement period. (This form may be used as an attachment to the Sundry Notice.)

#### BUREAU OF LAND MANAGEMENT

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

### Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- 6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- 7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8. Disposal at any other site will require prior approval.
- 9. Subject to like approval by NMOCD.

7/10/14