

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

811 S. 1st Street

Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Operating (DEOC) /  
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.  
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650' FNL & 1650' FEL of Section 18-T17S-R31E

5. Lease Designation and Serial No.  
LC-029548A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
C.A. Russell #8

9. API Well No.  
30-015-05221

10. Field and Pool, or Exploratory Area  
Grayburg-Jackson Field

11. County or Parish, State  
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

\* REVISED \*

To be converted to water injection well as follows:

1. RIH with 4 1/2" 11.6# J-55 casing and set at 3497'. Cement casing back to surface.
2. Selectively perforate the injection interval of 2700' - 3497' (OA).
3. RIH with Baker AD-1 packer on 2 3/8" (IPC) tubing and set at  $\pm 100'$  above top perforation.
4. Inject through perforations within injection interval.

REQUEST TO  
LIKE APPROVAL  
BY STATE NMCOB

Aug 9 12 33 PM '96  
RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed Randy Jackson Title District Engineer Date August 7, 1996

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ARMANDO A. LOPEZ Title STATE ENGINEER Date 8/20/96

Conditions of approval, if any: