

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

B.L.M. Oil Cons. Division

111 3 1st

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

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 W.I.W.

2. Name of Operator

DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 238-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 660' FEL, Sec. 9-17S-31E

RECEIVED
OCD - ARTESIA

5. Lease Designation and Serial No.

LC029426-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. E. West "B" #28

9. API Well No.

30-015-10162

10. Field and Pool, or Exploratory Area

Grayburg Jackson

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

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice☐ Abandonment☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☒ Other Acidized☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ 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.)*

The following work was done to this water injection well:

2/5/98 to 2/10/98 – POH w/packer & tubing. Ran bit & scraper. Treated open hole & perfs w/sonic hammer.

2/11/98 – Acidized perfs 3216' - 3695' w/4500 gals 15% HCl acid + 6000# rock salt.

2/13/98 – RIH w/tubing, SN & inj pkr. Set pkr @ 3176' & test to 300# for 20 min. Placed well back on injection.

ACCEPTED FOR RECORD

ORIG. SGD. DAVID R. GLASS

FEB 23 1998

BLM

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

Signed Karen ByersKaren Byers
Title Engineering TechnicianDate 2/18/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____