UNETED STATES DEPARTMILL OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NM OIL COMS COMMISSION Drawer D Artesia, NA 88210 clsF

FORM APPROVED Budget Bureau No. 1004-0135

		Expires March 31, 1993
	AND REPORTS ON WELLS	5. Lease Designation and Serial No.
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		LC-029426-A 6. If Indian, Allottee or Tribe Name
		
		NA 7. If Unit or CA, Agreement Designation
		_
Gas Well Ges Other WI	W	NA 8. Weil Name and No.
2. Name of Operator DEVON ENERGY OPERATING CORPORATION		H.E. WEST "A" #8, 4, 7, 13"
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)652-4530		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEE BELOW		GRAYBURG-JACKSON
		11. County or Parish, State
		EDDY COUNTY, NM
CHECK APPROPRIATE BOX(s)) TO INDICATE NATURE OF NOTICE, REF	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	N
Notice of Intent	Abandonment	Change of Plans
41	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
Final Abandonment Notice	Other Re-schedule Work	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 per	rtinent details, and give pertinent dates, including estimated date of starting any	
locations and measured and true vertical depths for all marker	s and zones pertinent to this work.)*	•
Each of the wells on the attached list is	to be utilized as an injection well in a 40-acre	e 5-spot waterflood pattern
	st Waterflood Project. To implement this pr	
must be modified and expanded. The d	esign work for the necessary upgrades are cu	irrently underway. As soon as the
design work is complete and facility mo	odifications commence operation will begin to	return each of these wells to an
active status. The surface facilities mus	at be operational before any of these wells car	n be returned to an active status. It
is anticipated that the required facilities	will be completely operational in one year; the	herefore, it is requested that a one
vear extension be granted to allow the f	facilities to be constructed so the wells can be	e returned to an active status.
•		OCT CARE
*H. E. WEST "A" # 8, SWNW, SEC 3	-11/8-K31E	n and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a
H. E. WEST "A" # 4, SWNE, SEC 4-1	117S-R31E APPROVED FOR 12 MONTH	PERIOD III
H. E. WEST "A" # 7, NENE, SEC 4-7	1178-R31E PIDING /0/21/95	<u> </u>
	And the state of t	= EIVE
H. E. WEST "A" # 13, NENW, SEC 3	3-T17S-R31E	2 2
14. I hereby certify that the foregoing is true and correct	JO ANN HOOKS	0 m <u>F</u>
Signed to your Tooks	Title ENGINEERING TECHNICIAN	Date October 19, 1994
(This space/for Federal or State office use)		
Origi Signed by Shannon J. Shaw		Date 12/13/94
pproved bynditions of approval, if any:	Title	1/846