

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

2. Name of Operator
DEVON SFS OPERATING, INC.

3. Address and Telephone No.
Walter M. Frank, Sr. Operations Engr, (405) 552-4595
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OK (405) 235-3811

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1076' FSL & 926' FWL, Unit M, Section 34-T21S-R24E, Eddy Cnty, NM

5. Lease Designation and Serial No.
NM-NM53218

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Right Hand Canyon 34 Federal #2

9. API Well No.
30-015-30863

10. Field and Pool, or Exploratory Area
Indian Basin, Assoc (Upper Penn)

11. County or Parish, State
Eddy Cnty, New Mexico

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

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

Postponed completion until capacitors were in place throughout the electrical system.

02-28-2001 thru 03-29-2001 RU Computalog. **Ran CBL 8606' PBTD to 5100' which showed TOC at 5280'.**

Perf'd Upper Penn w/2 SPF at 7919-7970', 8013-8020', 8032-8045', 8141-8148', 8158-8170', 8243-8249' and 8262-8272'; total 212 holes (0.49" EHD). RU BJ Srvs.

Set RBP at 8303', packer at 8293'. Press tested to 1000 psi. Reset packer at 8201'. Pumped down tbq 3200 gals 20% HCl + 32 BS + 2% KCl flush. Treated at 12-18 BPM w/3800-3500 psi. ISIP 0 psi.

Reset RBP at 8201', packer at 8107'. Pumped down tbq 3800 gals 20% HCl + 38 BS + 2% KCl flush. Treated at 19-21 BPM w/4500-4280 psi. ISIP 0 psi.

Reset RBP at 8109', packer at 7984'. Pumped down tbq 4000 gals 20% HCl + 40 BS + 2% KCl flush. Treated at 15-23 BPM w/4630-3850 psi. ISIP 0 psi.

Reset packer at 7890' (RBP at 8109'). Pumped down tbq 10,200 gals 20% HCl + 102 BS + 2% KCl flush. Treated at 17-24 BPM w/4300-3550 psi. ISIP 0 psi. Unset and POH with packer and RBP. **Ran 279 jts 4 1/2" tbq and 82 stage sub-pump assembly w/795 hp motor; end of shroud at 8399'. Began testing to sales.**

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

Signed Candace R. Graham
(This space for Federal or State office use)

Candace R. Graham
Title Engineering Tech. Date May 1, 2001

Approved by _____
Conditions of approval, if any:

(ORIG. SGD.) **DAVID R. GLASS**
Title _____ Date _____

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2001 MAY - 2 AM 10:19
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ROSWELL OFFICE