

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

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 WIW

2. Name of Operator  
**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)  
**990' FSL & 990' FWL Unit M Section 26-T19S-R34E Lea Cnty, NM**

5. Lease Designation and Serial No.  
**NM-NM05519A**

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

7. If Unit or CA, Agreement Designation  
**Mescalero Ridge 26 891007465**

8. Well Name and No.  
**Mescalero Ridge 26 Unit #7**

9. API Well No.  
**30-025-22333**

10. Field and Pool, or Exploratory Area  
**Pearl (Queen-Penrose)**

11. County or Parish, State  
**Lea County, New Mexico**

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

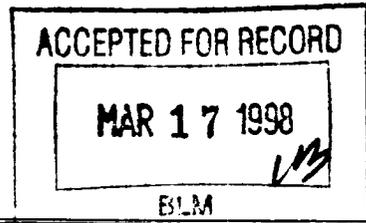
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<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.)\*

Perfs: 4614-4993'

11-30-97 thru 12-05-97 Tried to run gauge ring but got stuck at 109'. Worked free and TOH. Unable to blow well down. Flowed to pit. RU pulling unit. Released packer at 4506'. TOH. LD 2 3/8" IPC tbg (corroded). LD packer. Ran bit and string mill through tight spots. Ran impression block. Ran bit, string mill and mule shoe. Worked through parted csg. Casing would fall back over when pulling up hole. TOH with bottom hole assembly. TIH with 2 3/8" tbg with bottom jt having mule shoe. End of mule shoe at 915'. ND BOP, flanged well head. SI for evaluation.



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

Signed Candace R. Graham Title Engineering Technician Date March 6, 1998

Approved by Chris Williams Title DISTRICT 1 SUPERVISOR Date 03 08 1998

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations to any matter within its jurisdiction.