

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

811 S. 1st ST.
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 WIW

2. Name of Operator
DEVON ENERGY OPERATING CORPORATION

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527

4. Location of Well (Footage Sec., T., R., M., or Survey Description)
1980' FNL & 1980' FEL, Sec. 4-17S-31E

RECEIVED

JUN 13 1996

OIL CON. DIV.
DIST. 2

5. Lease Designation and Serial No.
LC-029426-A

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

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

8. Well Name and No.
H. E. West "A" #4

9. API Well No.
30-015-05063

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	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Remove old pkr, acid, return to WI	<input type="checkbox"/> Diagnose Water Shut-Off

(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.)*

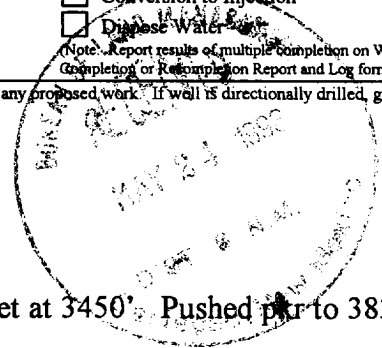
4/30/96 - Press tested csg to 400 psi for 30 min, tested OK.

5/2/96 - Released AD-1 pkr.

5/3/96 to 5/6/96 - Milled over Otis WA permanent pkr in the 4 1/2" liner set at 3450'. Pushed pkr to 3832'.
Unable to push any deeper.

5/7/96 to 5/8/96 Acidized Premier & Lovington perfs 3438'-3604' w/3000 gals 15% HCl acid + 600# rock salt.
Acidized Grayburg perfs 3242'-3398' w/3000 gals 15% HCl acid + 600# rock salt. Swabbed.

5/9/96 - Ran Baker AD-1 nickel coated pkr, set @ 3175'. Pressure tested annulus to 300 psi for 30 min, OK.



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

Signed Karen Byers
(This space for Federal or State office use)

KAREN BYERS
Title ENGINEERING TECHNICIAN

Date 05/17/96

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
Drawer D
Artesia, NM 88210FORM APPROVED
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SUBMIT IN TRIPLICATE

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

2. Name of Operator
DEVON ENERGY OPERATING CORPORATION

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1600, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4530

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

5. Lease Designation and Serial No.
LC-028426-A

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
H.E. WEST "A" # 8, 4, 7, 13

9. API Well No.

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	
<input checked="" type="checkbox"/> Notice of Intent <u>SJS</u>	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Re-schedule Work	<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.)*

Each of the wells on the attached list is to be utilized as an injection well in a 40-acre 5-spot waterflood pattern following the expansion of the Keel West Waterflood Project. To implement this prospect the existing surface facilities must be modified and expanded. The design work for the necessary upgrades are currently underway. As soon as the design work is complete and facility modifications commence operation will begin to return each of these wells to an active status. The surface facilities must be operational before any of these wells can be returned to an active status. It is anticipated that the required facilities will be completely operational in one year; therefore, it is requested that a one year extension be granted to allow the facilities to be constructed so the wells can be returned to an active status.

*H. E. WEST "A" # 8, SWNW, SEC 3-T17S-R31E

H. E. WEST "A" # 4, SWNE, SEC 4-T17S-R31E

H. E. WEST "A" # 7, NENE, SEC 4-T17S-R31E

H. E. WEST "A" # 13, NENW, SEC 3-T17S-R31E

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

Signed Jo Ann Hooks
(This space for Federal or State office use)Title JO ANN HOOKS
ENGINEERING TECHNICIANDate October 19, 1994

Sigs. Signed by Shannon J. Shaw

Title PETROLEUM ENGINEERDate 12/13/94Approved by _____
Conditions of approval, if any: