

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas 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 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) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FSL & 1980' FEL of Section 5-T17S-R31E

5. Location Designation and Serial No.
LC-029435-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

J. L. Keel "B" #13

9. API Well No.

30-015-05078

10. Field and Pool, or Exploratory Area

Grayburg Jackson Field

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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<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.)*

Workover existing water injection well as follows:

08/28/00 - MIRU pulling unit. Run bit and scraper to PBTD(3612'). Reverse circulate wellbore clean.

08/29/00 - Set CIBP @ 2960', tested CIBP to 1000psi. Plug tested good.

09/28/00 - Run and cement a string of 5" 15# casing from top of existing 5" liner to surface. Cemented casing with 205 sxs Class "C" + 2% Cacl. Circulated cement to surface. WOC.

10/02/00 - Drilled out float collar and guide shoe to 2952'. Circulate wellbore clean.

10/03/00 - Drill out cement and CIBP. Circulate wellbore clean. Flow well to pit.

10/10/00 - RIH with packer, seat nipple and injection tubing, set packer at 2920'. Return well to injection.

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

Signed Charles H. Carleton
(This space for Federal or State Office use)

Charles H. Carleton

Title Sr. Engineering Tech.

Date October 11, 2000

Approved by _____ Title _____ Date _____
Conditions of approval, if any: