Form 3160-5 (June 1990)

## TED STATES DEPARTMENT OF THE INTERIOR N.M OIL COILS. DIVISION BUREAU OF LAND MANAGEMENT 311 S. 1st 31 B. FORM APPROVED BURGET BURGET NO. 1004-0138

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CV	

	Av 2 41 2 2010	Expires March 31, 1993
CUMPRY NOTICES	S AND REPORTS ON WELLS	Expires March 31, 1993  Clease Designation and Serial No.
Do not use this form for proposals to drill o	r to deepen or reentry to a different reservoir.	LC-029395-B
Do not use this form for proposals to drill o	OR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
USE APPLICATION FO	711 Litter Tor Such proposals	- O. It moral, Another of Tribe Ivanie
SUBMIT	IN TRIPLICATE	
		7. If Unit or CA, Agreement Designation
1. Type of Well		
⊠ Other Gas Other	<b>X</b>	O WI-UNI
2. Name of Operator		8. Well Name and No.
DEVON ENERGY CORPORATION (NEV	ADA)	Turner "B" #37
		9. API Well No.
3. Address and Telephone No.	DECEMBER OF COL	
20 NORTH BROADWAY, SUITE 1500, OI	KLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	30-015-05193
4. Location of Well (Footage. Sec., T., R., M., or Survey	Description)	10. Field and Pool, or Exploratory Area
	Duoi.puo.i,	Grayburg Jackson
330' FSL & 990' FWL, Sec. 17-17S-31E		11. County or Parish, State
		Eddy County, NM
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OUTOK ADDDODDIATE DOVA	s) TO INDICATE NATURE OF NOTICE, REP	ORT OR OTHER DATA
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TYPE OF SUBMISSION	TYPE OF ACTION	
	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
$\sim$		Non-Routine Fracturing
Subsequent Report	Plugging Back	
_ \ \ \ \	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
This well was temporarily abandoned as follows:  2/6-9/98 – Ran bit & scraper to 1920'. Set CIBP @ 1800' and dumped 50' cement on top.		
14. I hereby certify that the foregoing is true and correct  Signed Bull  (This space for Federal or State office use)  Approved by CORIG, SGD.) DAVID R.	Karen Byers  Title Engineering Technician  TECHNICIAL	
Conditions of approval, if any:		