

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CON. COMMISSION  
Drawer DD  
Artesia, NM 88210

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)552-4530**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**FRIESS FEDERAL # 2, NWSE, SEC. 19-T17N-R31E**

5. Lease Designation and Serial No.  
**LC-060409**

6. If Indian, Allottee or Tribe Name  
**NA**

7. If Unit or CA, Agreement Designation  
**NA**

8. Well Name and No.  
**FRIESS FEDERAL # 2**

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	<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 <u>Re-schedule Work</u>	<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.

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 TECHNICIAN

Date October 19, 1994

Signed by Shannon J. Smith

**PETROLEUM ENGINEER**

Approved by  
Conditions of approval, if any:

Title

Date 12/13/94