Form 3160-5 (June 1990)

UPUTED STATES DEPARTM. NT OF THE INTERIOR

N.M. Oil 73. Division

CISF

211 S. 1st Street SUNDRY NOTICES AND REPORTS ON WELLS Artesia, NM Expires March 31, 1993

or proposals to drill or to deepen artesia. 5. Lease Designation and Serial No. 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 6. If Indian, Allottee or Tribe Name SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation Type of Well 16 17 18 76 Gas Well Oil Well Other WIW 8. Well Name and No. Name of Operator **DEVON ENERGY CORPORATION (NEVADA)** Turner "B" #78 3. Address and Telephone No. 9. API Well No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611 30-015-05303 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2080' FSL & 1980' FEL, Sec. 20-17S-31E 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 Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing 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. 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.)* Work was done to this well as follows: BUREAU OF LAND MANAGEMENT 6/30/98 - Ran bit & scraper. 7/1/98 – Cut off 4' piece of surface casing & replaced. 7/7/98 - Pumped 250 sx Class "C" cement down 8 5/8" x 4 1/2" annulus. 7/9/98 – RIH w/injection packer & set @ 2675'. Ran chart for OCD. Returned well to injecting. 14. Thereby certify that the foregoing is true and correct Karen Byers **Engineering Technician** Approved by Date Conditions of approval, if any: