

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIV
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

RECEIVED

MAY 29 1996

OIL CON. DIV.
BUREAU

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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) 1880' FSL & 1980' FEL, Sec. 9-17S-31E	

5. Lease Designation and Serial No. LC-029426-B
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 "B" #46
9. API Well No. 30-015-26204
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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Conversion to Injection
	<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.)*

The following work was done 4/26/96 to 4/30/96 to convert to water injection well.

1. Hot oiled tbg and cleaned up paraffin, washed, swabbed.
2. Perf'd Grayburg-Jackson w/1 SPF between 3189'-3868', total 18 holes. Acidized perfs w/6420 gals 15% HCl acid. Swabbed.
3. Baker AD-1 tension, nickel coated pkr set @ 3122.01'.
4. Tested annulus to 300 psi, OK. NM OCD notified, but not present.

Port ID-3
6-14-96
Conv. to WFW

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

Signed Karen Byers	Title KAREN BYERS ENGINEERING TECHNICIAN	Date 05/03/96
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(This space for Federal or State office use)

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side