

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
raver DD
Artesia, NM 88210

CISF

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
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)
1520' FNL & 1520' FEL, Sec. 7-T17S-R31E
1310' 1310' UT.A

DEC 27 '94

O. C. D.
ARTESIA, OFFICE

5. Lease Designation and Serial No. LC-029435-A
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation NA
8. Well Name and No. KEEL "A" #21 JED
9. API Well No.
10. Field and Pool, or Exploratory Area Grayburg-Jackson
11. County or Parish, State Eddy Co., 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 checked="" type="checkbox"/> Other Spud & set surface csg
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input 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.)*

Spud @ 1:30 a.m., on 11/29/94

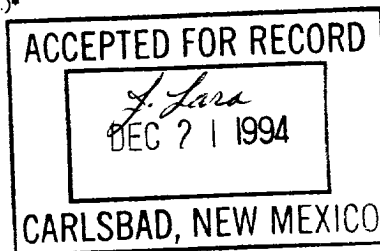
Ran 8 5/8" surface csg as follows:

Guide shoe @ 431.75'
2 jts 8 5/8", 24#, J-55, 8rd ST&C csg
Float collar @ 347.61'
8 jts 8 5/8", 24#, J-55, 8rd ST&C csg

Cmt'd csg as follows:

125 sx 35/65 Poz "C" + 6% D-20 + 1/4 lb/sk D-29 + 2% S-1
(Slurry weight = 12.7 lb/gal Slurry yield = 1.93 cft/sk)
200 sx Class "C" + 2% S-1
(Slurry weight = 14.8 lb/gal Slurry yield = 1.32 cft/sk)

Circ 70 sx cmt to surface.



DEC 21 1994

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

Signed Karen Rosa

Title KAREN ROSA
ENGINEERING TECHNICIAN

Date 11/30/94

(This space for Federal or State office use)

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