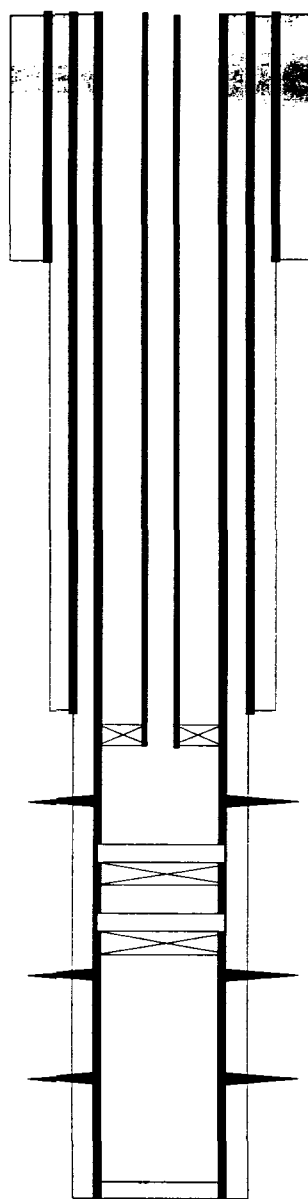


DEVON ENERGY CORPORATION WELLBORE SCHEMATIC

WELL NAME: Todd 27 "P" Federal #16 SWD			FIELD: Ingle Wells (Delaware)			
LOCATION: Section 27, T21S, R26E			COUNTY: EDDY			STATE: NM
ELEVATION: GL=3452' - KB=3471'			SPUD DATE: 11/5/92		COMP DATE: 02/10/93	
API#: 30-015-27106		PREPARED BY: W. M. Frank			DATE: 6/11/97	
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 849'	13 3/8"	48#	WC-40	ST&C	17 1/2"
CASING:	0' - 4350'	8 5/8"	32#	WC-40	ST&C	11"
CASING:	0' - 8328'	5 1/2"	15.5 / 17#	K-55	LT&C	7 7/8"
TUBING:	0' - 8150'	2 7/8"	6.5#	J-55	EUE 8rd	
TUBING:						


☐ CURRENT

☒ PROPOSED

13 3/8" CASING, CMT'D W/650 SXS. TOC @ SURFACE.

Tubing String Detail:

142 jts IPC 2 7/8", 6.5#, 8rd, tubing

IPC Baker FL-22 On/Off Tool

IPC Baker A-3 Lok-Set packer @ 4380'

Inhibited packer fluid circulated in annulus.

8 5/8" CASING, CMT'D W/2200 SXS. CMT TO SURFACE.

Cherry Canyon Perfs f/4446' - 5082' OA (123 total holes). Zone frac'd in three separate frac jobs totaling 301 Mlbs sand.

CIBP @ 5210' w/35' cement on top.

5 1/2" DV @ 5712'. CASING CMT'D W/650 SXS. TOC @ 1750'.

CIBP @ 7940' w/35' cement on top.

LBC Perfs: 7962 - 8046' (84 shots). Frac'd w/59 Mlbs of 20/40 sand in 59 Mgals fluid.

LBC Perfs: 8102 - 64' (62 shots). Frac'd w/38 Mlbs of 20/40 sand in 40 Mgals fluid.

PBTD @ 8281'.

5 1/2" @ 8328'. CASING CMT'D W/550 SXS. TOC @ 5800'.

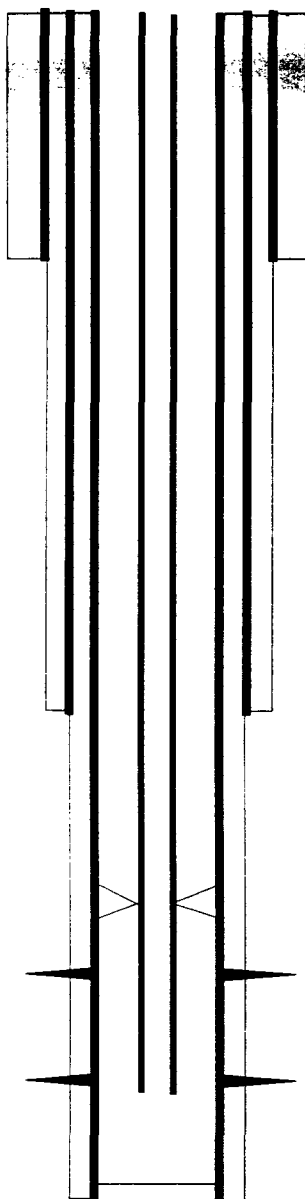
TD @ 8328'

TOD2716A.SCH

DEVON ENERGY CORPORATION

WELLBORE SCHEMATIC

WELL NAME: Todd 27 "P" Federal #16			FIELD: Ingle Wells (Delaware)			
LOCATION: Section 27, T21S, R26E			COUNTY: EDDY			STATE: NM
ELEVATION: GL=3452' - KB=3471'			SPUD DATE: 11/5/92		COMP DATE: 01/7/93	
API#: 30-015-27106		PREPARED BY: W. M. Frank			DATE: 6/11/97	
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 849'	13 3/8"	48#	WC-40	ST&C	17 1/2"
CASING:	0' - 4350'	8 5/8"	32#	WC-50	ST&C	11"
CASING:	0' - 8328'	5 1/2"	15.5 / 17#	K-55	LT&C	7 7/8"
TUBING:	0' - 8150'	2 7/8"	6.5#	J-55	EUE 8rd	
TUBING:						


☒ CURRENT

☐ PROPOSED

13 3/8" CASING, CMT'D W/650 SXS. TOC @ SURFACE.

Tubing String Detail:

252 jts 2 7/8", 6.5#, 8rd, tubing
TAC @ 7779'
12 jts 2 7/8", 6.5#, 8rd, tubing
SN @ 8150'
Perf. Sub
Bull plugged mud anchor

Rod String Detail:

1 1/4" polished rod w/liner
1-4'-7/8" Nor. D-78 pony rod
1-2'-7/8" Nor. D-78 pony rod
1-2'-7/8" Nor. D-78 pony rod
112-1" FG rods
156-7/8" Norris D-78 rods
Shear tool
1-7/8" pony rod
2 1/2" x 1 1/4" pump

8 5/8" CASING, CMT'D W/2200 SXS. CMT TO SURFACE.

5 1/2" DV @ 5712'. CASING CMT'D W/650 SXS. TOC @ 1750' f/CBL.

LBC Perfs: 7962 - 8046' (84 shots). Frac'd w/59 Mlbs of 20/40 sand in 59 Mgals fluid.

LBC Perfs: 8102 - 64' (62 shots). Frac'd w/38 Mlbs of 20/40 sand in 40 Mgals fluid.

PBTD @ 8281'.

5 1/2" @ 8328'. CASING CMT'D W/550 SXS. TOC @ 5800'.

TD @ 8328'

TOD2716.SCH

DEVON ENERGY CORPORATION**Interoffice Correspondence**

06-20-97

TO: Rick Clark**FROM:** W.M. Frank

RE: SWD Well Conversion Procedure of an Ingle Wells (Delaware) Oil well
Todd 27"P Federal #16
330' FSL & 330' FEL
Section 27-T23S-R31E
Eddy County, New Mexico

Well Data: Elevation 3452' GL - 3471' KB

TD 8328' Driller - 8326' Log

PBTD 8270'

Casing: 13-3/8" 48# WC-40 @ 849' Cement Circulated
8-5/8" 32# WC-50 @ 4350' Cement Circulated
5-1/2" 15.5 & 17# K-55 @ 8328' Cmt w/550 sx
DV Tool @ 5712' Cmt w/650 sx

Procedure

NOTE: Purchase \pm 4,500' of 2 7/8", J-55, 8rd, yellow band, tubing and AD-1 packer (or equivalent) and send to have string and packer plastic coated w/ICO 505 epoxy coating (or equivalent).

1. Pump hot water down tubing annulus and pump back overnight. MIRU DDPU. Unseat pump, POOH laying down rods and pump. Take care to follow handling guidelines when laying down rod string. ND pumping tee, release TAC, NU BOPE. POOH w/tubing. Tally out of hole laying down 3,000' of tubing and standing back remainder.
2. MIRU Electric line unit. TIH w/CIBP and set @ 7,940'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Load hole w/produced water. TIH w/CIBP and set @ 5,210'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Test casing to 2,500 psig f/30 minutes on chart. If casing tests OK, go to step #3. If leak is detected an alternate procedure will be written.

3. Perforate well as follows:

5,042' - 5,082'	21 holes	1 sp2f
4,946' - 4,960'	8 holes	1 sp2f
4,880' - 4,904'	<u>13 holes</u>	1 sp2f
TOTAL HOLES	42 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.

Perforation depths above are based on Wedge CBL dated 12/12/92.

4. TIH w/treating packer on tubing hydrotesting tubing in hole to 5000 psig. Set packer @ 4790'. Load annulus and test packer to 1000 psig.
5. MIRU BJ. Acidize perms using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
6. Release packer and lower past perms. POOH w/packer standing back tubing.
7. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,697		
Total		25,697		92,000

* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

8. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.

9. MIRU electric line unit. Perforate well as follows:

4,694' - 4,740' 24 holes 1 sp2f

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.
Perforation depths above are based on Wedge CBL dated 12/12/92.

10. PU and TIH w/RBP-treating packer combination. Set RBP at 4790'. Release from RBP, PU one joint and set packer. Test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4570'. Set packer and test annulus to 1000 psig. Let sand settle overnight.
11. MIRU BJ. Acidize perms using 1500 gallons 7-1/2% NEFE and 40, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
12. Release packer and lower past perms. POOH w/packer standing back tubing.
13. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,511		
Total		25,511		92,000

* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

14. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.

15. MIRU Electric line unit. Perforate well as follows:

4,446' - 4,554' 55 holes 1 sp2f

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.
Perforation depths above are based on CBL.

16. PU and TIH with RBP - treating packer combination on tubing. Set RBP @ 4,610'. Release from RBP and PU 6'. Set packer and test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4360'. Set packer and test annulus to 1000 psig. Let sand settle overnight.
17. MIRU BJ. Acidize perms using 2,000 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
18. Release packer and lower past perms. POOH w/packer standing back tubing.
19. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	10,250		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
2	30# X-L Gel	3,000	8	24,000
	30# X-L Gel	3,500	10	35,000
3	30# X-L Gel	3,750	10*	37,500
Flush	Salt Water	4,264		
Total		29,764		117,500

* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

20. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow back for 1 hour.

21. PU and TIH with RBP retrieving tool on tubing. Release RBP @ 4,610' and POOH w/same.
22. TIH with RBP retrieving tool on tubing. Release RBP @ 4,790' and POOH w/same.
23. TIH w/notched collar and SN to $\pm 5,200'$. Wash or bail sand and frac balls from wellbore as necessary.
24. POOH w/tubing to 4,400'. Swab back frac fluid until samples start cutting formation fluid.
25. POOH laying down tubing.
26. PU IPC & EPC A-3 Lok-Set packer, IPC FL-22 On/Off tool, and IPC 2 7/8", J-55, 8rd, tubing and TIH to 4,380'. Reverse in inhibited packer fluid and set packer. Test annulus to 500 psi f/15 minutes on chart. ND BOPE. NU injection head. Tie into injection line and begin injection.

Integrated Cement Volume Minor Pip Every 10.0 F3
Integrated Cement Volume Major Pip Every 100.0 F3

Time Mark Every 60.0 S

GAMMA RAY BACKUP
From T1 to GR1

Tension (TENS)
(LBF)

10000.0 0.0

Gamma Ray 1 (GR)

100.0 (GAPI) 200.0

Gamma Ray (GR)

0.0 (GAPI) 100.0

Caliper (CALI)

6.0 (IN) 16.0

Cross Plot Porosity (PHIX)

0.3 (---) -0.1

PhotoElectric Factor (PEF)

0.0 (---) 10.0

Neutron Porosity (NPHI)

0.3 (V/V) -0.1

Density Porosity (DPHI)

0.3 (V/V) -0.1

Bulk Density Correction (DRHO)

-0.05 (G/C3) 0.45

ast Reading

4700

4800

Todd "27P" Federal #16 (Conversion)

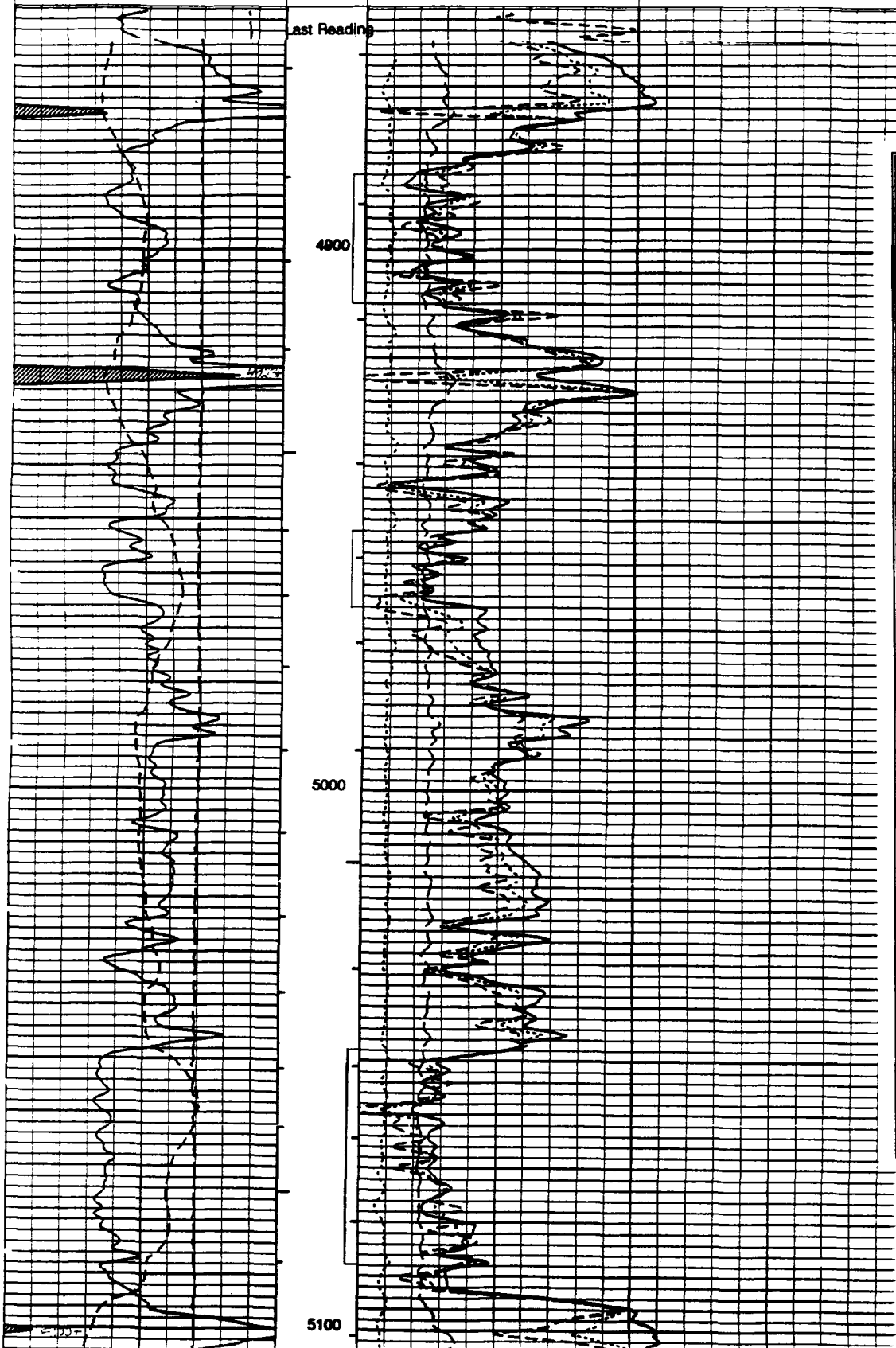
ATTACHMENT X (Log)

Integrated Cement Volume Minor Pip Every 10.0 F3
Integrated Cement Volume Major Pip Every 100.0 F3

Time Mark Every 60.0 S

GAMMA RAY BACKUP From T1 to GR1		
Tension (TENS) (LBF)		
10000.0		0.0
Gamma Ray 1 (GR) (GAPI)		
100.0		200.0
Gamma Ray (GR) (GAPI)		
0.0		100.0
Caliper (CALI) (IN)		
6.0		16.0

Cross Plot Porosity (PHIX) (---)	
0.3	0.0
PhotoElectric Factor (PEF) (---)	
0.0	10.0
Neutron Porosity (NPHI) (V/V)	
0.3	0.0
Density Porosity (DPHI) (V/V)	
0.3	0.0
Bulk Density Correction (DRHO) (G/C3)	
-0.05	0.45



Todd "27P" Federal #16 (Conversion) ATTACHMENT X (Log)

GAMMA RAY BACKUP
From T1 to GR1

Tension (TENS)
10000.0 (LBF) 0.0

Gamma Ray 1 (GR)
100.0 (GAPI) 200.0

Gamma Ray (GR)
0.0 (GAPI) 100.0

Caliper (CALI)
8.0 (IN) 16.0

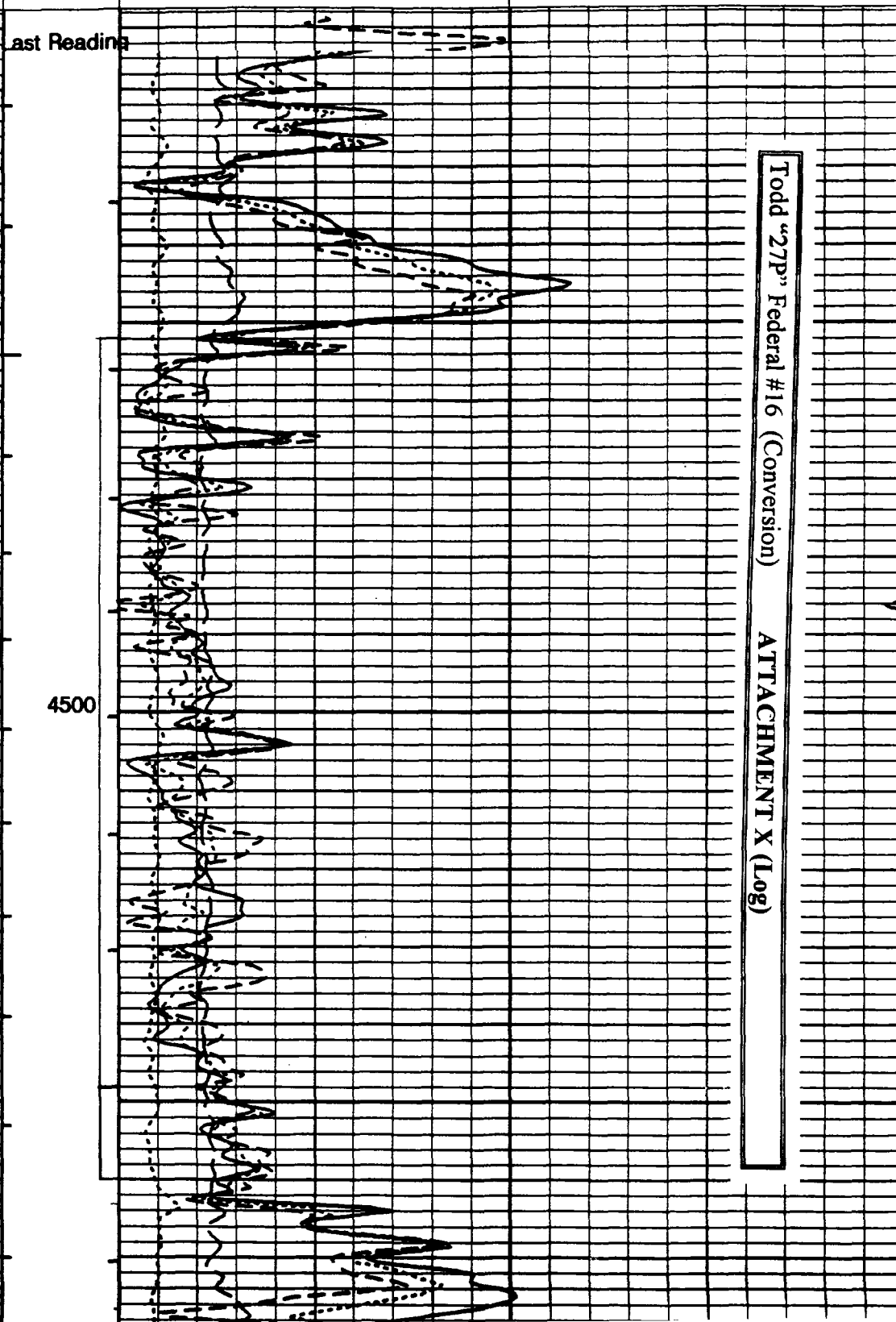
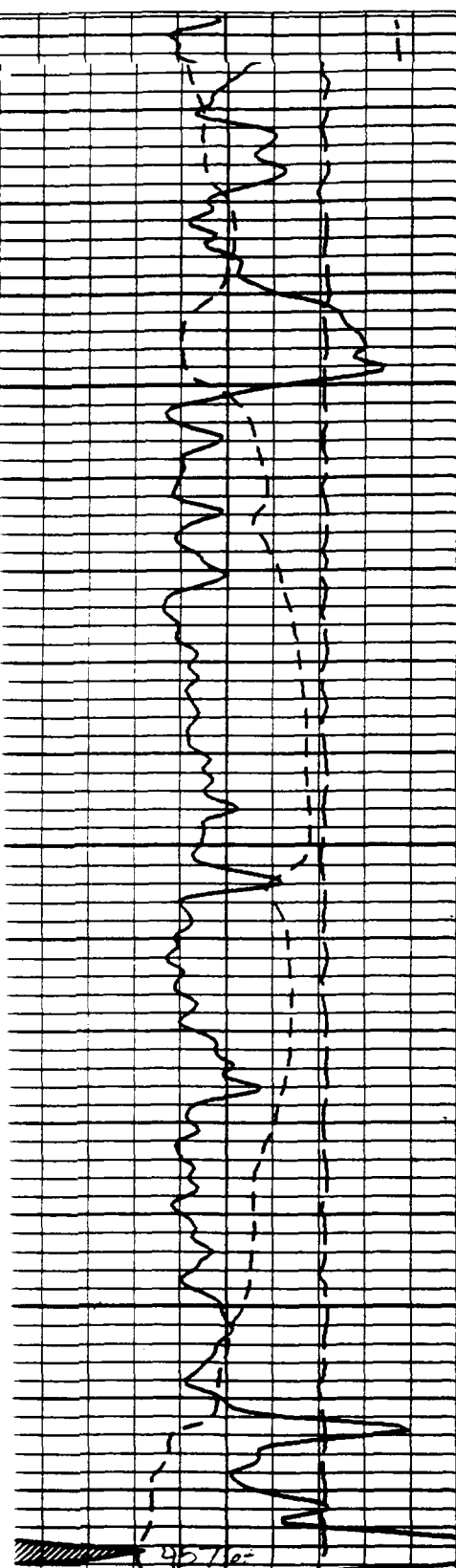
Cross Plot Porosity (PHIX)
0.3 (---) -0.1

PhotoElectric Factor (PEF)
0.0 (---) 10.0

Neutron Porosity (NPHI)
0.3 (V/V) -0.1

Density Porosity (DPHI)
0.3 (V/V) -0.1

Bulk Density Correction (DRHO)
-0.05 (G/C3) 0.45



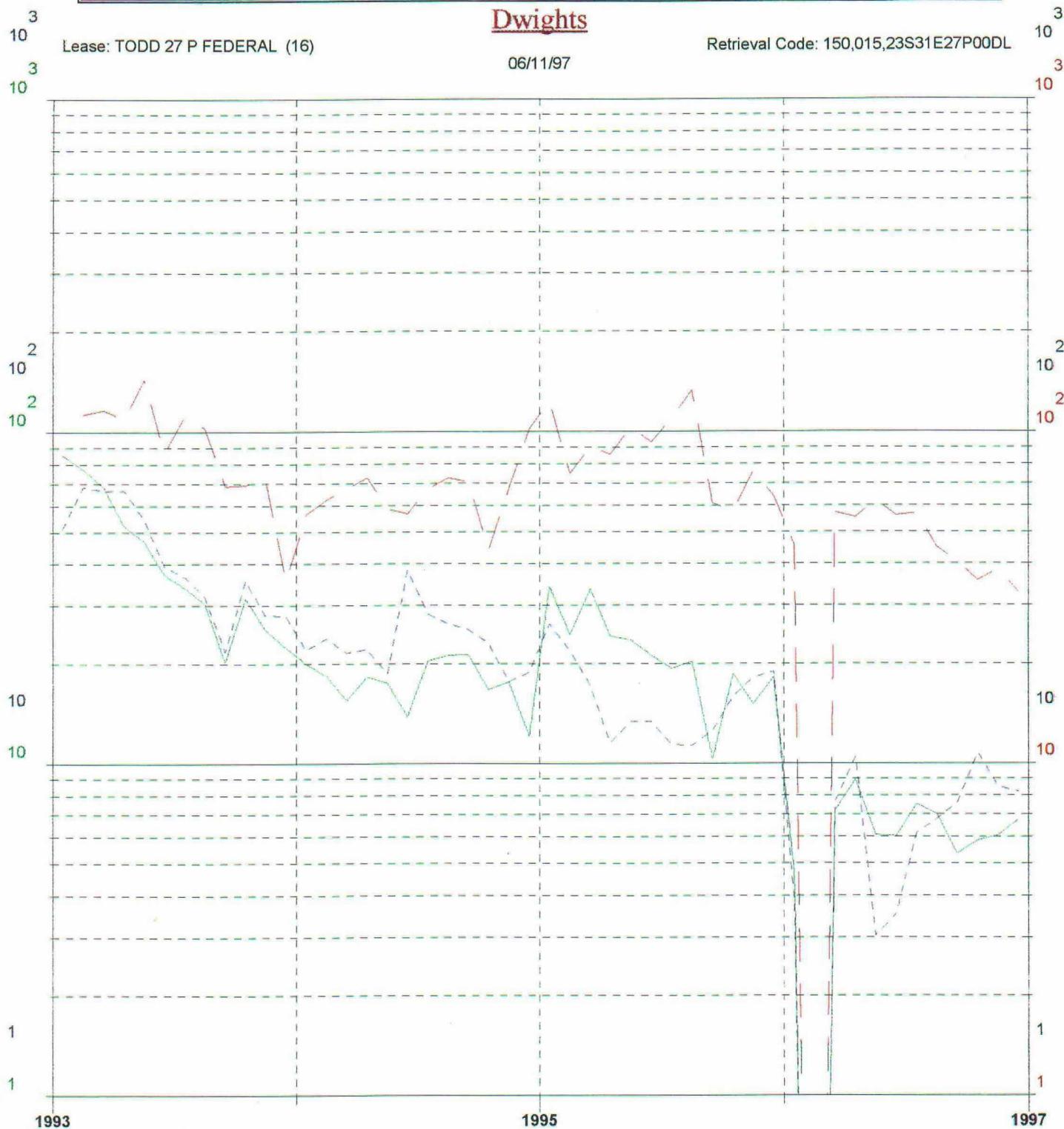
Todd "27P" Federal #16 (Conversion) ATTACHMENT X (Log)

Dwights

Lease: TODD 27 P FEDERAL (16)

06/11/97

Retrieval Code: 150,015,23S31E27P00DL



Oil (bbl/day)

County: EDDY, NM

F.P. Date: 01/93

Gas (mcf/day)

Water (bbl/day)

Field: INGLE WELLS (DELAWARE) DL

Oil Cum: 32.75 mbbl

Well Count

Reservoir: DELAWARE

Gas Cum: 104.0 mmcf

Operator: DEVON ENERGY CORP

Location: 27P 23S 31E

BJ SERVICES COMPANY

WATER ANALYSIS #FW01W024

ARTESIA LAB

GENERAL INFORMATION

OPERATOR: DEVON ENERGY DEPTH: 650
WELL: WATER WELL (WINDMILL) DATE SAMPLED: 06/28/97
FIELD:(approx) 680' FSL & 1950' FWL DATE RECEIVED:06/28/97
SUBMITTED BY:DAN TALLEY Section 26, COUNTY:EDDY STATE:NM
WORKED BY :CRAIG BAILEY T23S-R31E FORMATION: WATER SAND
PHONE NUMBER:

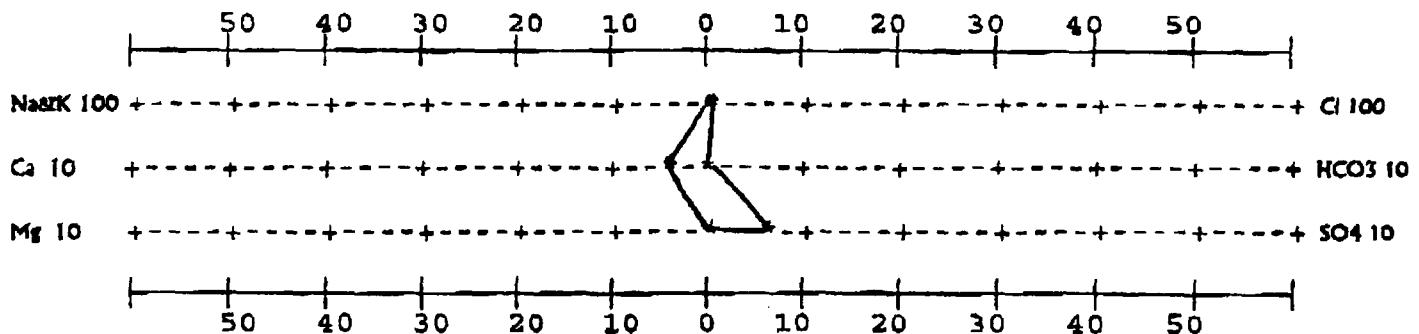
SAMPLE DESCRIPTION

PHYSICAL AND CHEMICAL DETERMINATIONS

SPECIFIC GRAVITY:	1.003	@ 74°F	PH:	7.98	
RESISTIVITY (CALCULATED):	0.825	ohms @ 75°F			
IRON (FE++) :	1 ppm	SULFATE:		2,493	ppm
CALCIUM:	774 ppm	TOTAL HARDNESS		2,135	ppm
MAGNESIUM:	48 ppm	BICARBONATE:		243	ppm
CHLORIDE:	399 ppm	SODIUM CHLORIDE (Calc)		656	ppm
SODIUM+POTASS:	759 ppm	TOT. DISSOLVED SOLIDS:		6,028	ppm
IODINE:		POTASSIUM CHLORIDE:			

REMARKS

STIFF TYPE PLOT (IN MEQ/L)



ANALYST

Craig Bailey
CRAIG BAILEY

AFFIRMATIVE STATEMENT

No evidence of fault communication between the shallow aquifers and the proposed disposal zones has been encountered as the result of studies of formations and field experience with the Todd Federal lease.

PROOF OF NOTICE

Devon Energy Corporation (Nevada) operates wells in the Todd 27 Federal lease in Section 27 and Todd 26 Federal lease in Section 26 of T23S, R31E, Eddy County, New Mexico.

Pogo Producing Company operates wells within the area of review and was provided a copy of our application by certified mail. Proof of notice is enclosed.

The Bureau of Land Management is the surface owner. They have been notified by BLM Form 3160-5 Sundry Notice.

PROOF OF PUBLICATION

Proof of publication from the Carlsbad Current-Argus is enclosed.

Affidavit of Publication

No 18667

State of New Mexico,
County of Eddy, ss.

Amy McKay

being first duly sworn, on oath says:

That she is Business Manager
of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the state wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

June 25, 19 97
_____, 19____
_____, 19____
_____, 19____
_____, 19____
_____, 19____

That the cost of publication is \$ 26.28,
and that payment thereof has been made and will
be assessed as court costs.

Amy McKay

Subscribed and sworn to before me this

27th day of June, 19 97

Donna Crump

My commission expires 8/1/98
Notary Public

June 25, 1997

LEGAL ADVERTISEMENT

Notice is hereby given that
Devon Energy Corporation
(Nevada) is applying to the

New Mexico Oil Conservation
Division to convert the follow-
ing well to a salt water dis-
posal well.

Todd *27P* Federal #16
330' FSL & 330' FEL
Section P-27-T23S-R31E
Eddy County, NM

The intended purpose of this
well is to dispose of produced
Delaware waters (from sur-
rounding wells) into the Bell
Canyon sand. Maximum rates
of 3000 BWPD and a maxi-
mum pressure of 1000 psig
are expected.

Interested parties must file ob-
jections or requests for hear-
ing within 15 days to the fol-
lowing commission.

New Mexico
Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

Walter M. Frank
District Engineer
Devon Energy Corporation
(Nevada)
20 North Broadway,
Suite 1500
Oklahoma City,
Oklahoma 73102-8260
(405) 235-3611, ext 4595



ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611
FAX 405/552-4550

July 21, 1997

Certified Mail No. Z 447 031 402

United States Department of the Interior
Bureau of Land Management
Roswell District Office
2909 West Second Street
Roswell, NM 88201

RE: Todd "27P" Federal #16
Section 27-T23S-R31E
Eddy County, New Mexico

Gentlemen:

Concerning the referenced, enclosed please find Form 3160-5, Sundry Notice of Application for Authority to convert to injection, and a copy of the NMOCD Form C-108 and its attachments.

Please direct inquiries concerning these reports to Wally Frank at (405) 235-3611, X4595.

Yours truly,

DEVON ENERGY CORPORATION (NEVADA)

A handwritten signature in cursive script that reads "Candace R. Graham".

Ms. Candace R. Graham
Engineering Tech.

/cg
Enclosure
copy: file

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 conversion to SWD

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FSL & 330' FWL Unit P Section 27-T23S-R31E Eddy Cnty, NM

5. Lease Designation and Serial No.
NM0418220-A

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Todd "27P" Federal #16

9. API Well No.
30-015-27106

10. Field and Pool, or Exploratory Area
Ingle Wells (Delaware)

11. County or Parish, State
Eddy Cnty, 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 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>Conversion to</u>	<input checked="" 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.)*

Please see attached Application for Authorization to Inject.

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

Signed Candace R. Graham Title Engineering Technician Date July 22, 1997
(This space for Federal or State office use)

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



ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611
FAX 405/552-4550

July 23, 1997

To Whom It May Concern:

RE: Conversion to Salt Water Disposal
Todd "27P" Federal #16
Section 27-T23S-R31E
Eddy County, New Mexico

Gentlemen:

Concerning the referenced enclosed please find a copy of our Application for Authorization to Inject as submitted to the NMOCD in Santa Fe (Form C108) and a copy of BLM form 3160-5.

Please direct inquiries concerning this matter to Wally Frank at (405) 235-3611, X4595.

Sincerely,

DEVON ENERGY CORPORATION (NEVADA)

A handwritten signature in cursive script that reads "Candace R. Graham".

Candace R. Graham
Engineering Tech.

/cg

Enclosures

Conversion to Salt Water Disposal
Todd "27P" Federal #16
Eddy County, New Mexico
July 23, 1997
Page 2

Working Interest and Offset Operator Address List

	Certified Mail No.
Pogo Producing Inc. P.O. Box 10340 Midland, TX 79702-7340	Z 447 031 388
Mary Dougherty Trust Northern Bank & Trust of Texas P. O. Box 226270 Dallas, TX 75222-6270	Z 447 031 389
Mary Dougherty Trust c/o Northern Bank & Trust of Texas 2701 Kirby Drive Houston, TX 77098-1218	Z 447 031 390
Bascom L. Mitchell No. 1 Live Oak Midland, TX 79705	Z 447 031 391
Joe N. Gifford 10 Desta Drive, Suite 300E Midland, TX 79705-4513	Z 447 031 392
Obie & Company c/o Texas Commerce Bank Attn: Bruce Wallace P. O. Box 200555 Houston, TX 77216	Z 447 031 393
T. E. K. Properties, Ltd. The Highlands Seattle, Washington 98177	Z 447 031 394
Nortex Corporation 1415 Louisiana, Suite 3100 Houston, TX 77002	Z 447 031 395
Marathon Oil Company Attn: Randall Wilson P. O. Box 552 Midland, TX 79702	Z 447 031 396

Conversion to Salt Water Disposal
Todd "27P" Federal #16
Eddy County, New Mexico
July 23, 1997
Page 3

Working Interest and Offset Operator Address List (continued)

	Certified Mail No.
Santa Fe Energy Operating Partners 550 W Texas, Suite 1330 Midland, TX 79701	Z 447 031 397
Bettis Brothers Inc 500 W. Texas, Suite 830 Midland TX 79701	Z 447 031 398
Otto E. Schroeder, Jr. 1311 Academy Circle Arlington, TX 76013	Z 447 031 399
Mary M. Olson RR 2, Box 202A Boyd, TX 76023	Z 447 031 400
Catherine M. Grace c/o Dan Serna & Co. 6031 West I-20, Suite 251 Arlington, TX 76017	Z 447 031 401
Mabee Flynt Lease Trust 11010 Crestmore Houston, TX 77096	Z 447 031 403
Miranda Energy Corp. Building "O" #115 731 West Wadley Midland, TX 79705	Z 447 031 404
L.E. Oppermann 500 W. Texas, Suite 830 Midland TX 79701	Z 447 031 405
Amoco Producing Co Attn: Jerry West PO Box 3092 Houston TX 77253	Z 447 031 406

Todd 27-16 (7-23-97) C108 & 3160-5

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Mary P. Dougherty Tr
c/o NORTHERN TRUST BANK
2701 KIRBY DRIVE
HOUSTON TX 77098-1218

4a. Article Number

Z 447 031 390

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Todd 27-16 (7-23-97) C108 & 3160-5

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Mary P. Dougherty Tr
c/o NORTHERN TRUST BANK
PO BOX 226270
DALLAS TX 75222-6270

4a. Article Number

Z 447 031 389

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Todd 27-16 (7-23-97) AAT C108 & 3160-5

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

POGO PRODUCING COMPANY
PO BOX 10340
MIDLAND TX 79702-7340

4a. Article Number

Z 447 031 388

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Obie & Company
c/o TEXAS COMMERCE BANK
TRUST & MINERALS SECTION
Attn: Bruce Wallace
PO BOX 200555
HOUSTON TX 77216

4a. Article Number

Z 447 031 393

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOE N. GIFFORD
10 DESTA DRIVE SUITE 300E
MIDLAND TX 79705-4513

4a. Article Number

Z 447 031 392

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BASCOM L. MITCHELL
NO. 1 LIVE OAK
MIDLAND TX 79705

4a. Article Number

Z 447 031 391

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- The Return Receipt will show to whom the article was delivered and the date delivered

I also want the following extra fee:
1 ☐
2 ☐
Consolidation

3 Article Addressed to:

SANTA FE ENERGY OPERATING
550 W. TEXAS SUITE 1000
MIDLAND TX 79701

4a Article Number:
447 031
4b Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Mail
Date of Delivery

5 Received By: (Print Name)

6 Signature: (Addressee or Agent)
X

8 Addressee's Address and fee is paid

PS Form 3811, December 1994

Domestic

Todd 27-16 (7-23-97) C108 15160-1

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so this information can be returned to you
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- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered

I also want the following extra fee:
1 ☐
2 ☐
Consolidation

3 Article Addressed to:

MARATHON OIL COMPANY
Attn: Randall Wilson
PO BOX 552
MIDLAND TX 79702

4a Article Number:
2 447 031 39
4b Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Mail
Date of Delivery

5 Received By: (Print Name)

6 Signature: (Addressee or Agent)
X

8 Addressee's Address and fee is paid

PS Form 3811, December 1994

Domestic

Todd 27-16 (7-23-97) C108 15160-1

is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so this information can be returned to you
- Attach this form to the front of the mailpiece, or on the back if space allows
- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered

I also want the following extra fee:
1 ☐
2 ☐
Consolidation

3 Article Addressed to:

NORTEX CORPORATION
1415 LOUISIANA SUITE 5100
HOUSTON TX 77002

4a Article Number:
447 031
4b Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Mail
Date of Delivery

5 Received By: (Print Name)

6 Signature: (Addressee or Agent)
X

8 Addressee's Address and fee is paid

PS Form 3811, December 1994

Domestic

Todd 27-16 (8-23-97) C108 15160-1

is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered

I also want the following extra fee:
1 ☐
2 ☐
Consolidation

3 Article Addressed to:

TEK PROPERTIES LTD
THE HIGHLANDS
SEATTLE WA 98107

4a Article Number:
447 031
4b Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Mail
Date of Delivery

5 Received By: (Print Name)

6 Signature: (Addressee or Agent)
X

8 Addressee's Address and fee is paid

PS Form 3811, December 1994

Domestic

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3. Article Addressed to:	4a. Article Number	
CATHERINE M. GRACE c/o DAN SERNA & CO 6031 WEST I-20 SUITE 251 ARLINGTON TX 76017	Z 447 031 401	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured	
	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
X		

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Todd 27-16 (7-23-97) C108 & 3160-5

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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number	
MARY M. OLSON RR 2 BOX 202A BOYD TX 76023	Z 447 031 400	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured	
	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
X		

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Todd 27-16 (7-23-97) C108 & 3160-5

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3. Article Addressed to:	4a. Article Number	
OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013	Z 447 031 399	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured	
	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
X		

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Todd 27-16 (7-23-97) C108 & 3160-5

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3. Article Addressed to:	4a. Article Number	
BETTIS BROTHERS INC 500 WEST TEXAS SUITE 830 MIDLAND TX 79701	Z 447 031 398	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured	
	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
X		

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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3. Article Addressed to:	4a. Article Number	
MIRANDA ENERGY CORP BUILDING "O" #115 731 WEST WADLEY MIDLAND TX 79705	Z 447 031 403	
5. Received By: (Print Name)	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)	7. Date of Delivery	
X	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

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3. Article Addressed to:	4a. Article Number	
MABEE FLYNT LEASE TRUST 11010 CRESTMORE HOUSTON TX 77096	Z 447 031 404	
5. Received By: (Print Name)	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)	7. Date of Delivery	
X	8. Addressee's Address (Only if requested and fee is paid)	

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3. Article Addressed to:	4a. Article Number	
L.E. OPPERMANN 500 WEST TEXAS SUITE 830 MIDLAND TX 79701	Z 447 031 405	
5. Received By: (Print Name)	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)	7. Date of Delivery	
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3. Article Addressed to:	4a. Article Number	
AMOCO PRODUCING CO Attn: Jerry West PO BOX 3092 HOUSTON TX 77253	Z 447 031 406	
5. Received By: (Print Name)	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)	7. Date of Delivery	
X	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

August 12, 1997

Certified Mail No. P 240 501 561

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 88505

RE: Todd "27P" Federal #16
Section 27-T23S-R31E
Eddy County, New Mexico

Gentlemen:

Attached are revised pages, which have been affected by changes, concerning the subject well's Application for Authorization to Inject. Please substitute the enclosed pages for the corresponding pages in the original application. The following is a summary of the changes by page:

Attachment III (Tabular)	Section B (2)	Perforation Depth Change
Attachment III (Current Schematic)		Location of Well
Attachment III (Proposed Schematic)		Location of Well
Attachment VIII (Disposal Zone)		Perforation Depth Change
Attachment IX (Workover Procedure)		
	Revised procedure due to change in perforation depths	
Attachment X (Log)		Log strips of disposal zones
B.L.M. Form 3160-5		Location of Well.

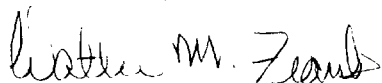
The perforation depths were changed due to concerns from two offset operators, Pogo Producing and Santa Fe Energy. These two operators are in full agreement with Devon Energy Corp. that the revised perforations cause no problems and will not hinder oil and gas production from surrounding wells. I have faxed and mailed a copy of the attached pages to these two operators at:

Santa Fe Energy
550 W. Texas
Suite 830
Midland, TX 79701
ATTN: Bob Fant
(915) 686-6665

Pogo Producing, Inc.
P.O. Box 10340
Midland, TX 79702
ATTN: George Dillman
(915) 682-6822

I am sorry for the inconvenience that these revisions must cause. Please direct inquiries concerning this matter to me at (405) 552-4595.

Best Wishes,



Walter M. Frank

copy: NMOCD, Artesia, BLM, Roswell, WMF, File

DEVON ENERGY CORPORATION**Interoffice Correspondence**

8/12/97

TO: Rick Clark

FROM: W.M. Frank

RE: SWD Well Conversion Procedure of an Ingle Wells (Delaware) Oil well
Todd 27"P Federal #16
330' FSL & 330' FEL
Section 27-T23S-R31E
Eddy County, New Mexico

Well Data:	Elevation	3452' GL	- 3471' KB
	TD	8328' Driller	- 8326' Log
	PBTD	8270'	

Casing: 13-3/8" 48# WC-40 @ 849' Cement Circulated
8-5/8" 32# WC-50 @ 4350' Cement Circulated
5-1/2" 15.5 & 17# K-55 @ 8328' Cmt w/550 sx
DV Tool @ 5712' Cmt w/650 sx

Procedure

NOTE: Purchase \pm 4,700' of 2 7/8", J-55, 8rd, yellow band, tubing and AD-1 packer (or equivalent) and send to have string and packer plastic coated w/ICO 505 epoxy coating (or equivalent).

1. Pump hot water down tubing annulus and pump back overnight. MIRU DDPU. Unseat pump, POOH laying down rods and pump. Take care to follow handling guidelines when laying down rod string. ND pumping tee, release TAC, NU BOPE. POOH w/tubing. Tally out of hole laying down 3,000' of tubing and standing back remainder.
2. MIRU Electric line unit. TIH w/CIBP and set @ 7,940'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Load hole w/produced water. TIH w/CIBP and set @ 5,385'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Test casing to 2,500 psig f/30 minutes on chart. If casing tests OK, go to step #3. If leak is detected an alternate procedure will be written.

3. Perforate well as follows:

5,254' - 5,284'	16 holes	1 sp2f
5,164' - 5,216'	<u>27 holes</u>	1 sp2f
TOTAL HOLES	43 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.
Perforation depths above are based on Wedge CBL dated 12/12/92.

4. TIH w/treating packer on tubing hydrotesting tubing in hole to 5000 psig. Set packer @ 5050'. Load annulus and test packer to 1000 psig.
5. MIRU BJ. Acidize perms using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
6. Release packer and lower past perms. POOH w/packer standing back tubing.
7. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	2,250	10*	22,500
Flush	Salt Water	4,981		
Total		25,231		84,500

* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

8. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour and SI overnight.

9. Perforate well as follows:

5,046' - 5,088'	22 holes	1 sp2f
4,946' - 4,960'	8 holes	1 sp2f
4,880' - 4,904'	<u>13 holes</u>	1 sp2f
TOTAL HOLES	42 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.
Perforation depths above are based on Wedge CBL dated 12/12/92.

10. TIH w/RBP- treating packer combination on tubing hydrotesting tubing in hole to 5000 psig. Set RBP @ 5120'. PU 6' and set packer. Test RBP to 5000 psig. Dump 2 sxs sand down tubing and spot to EOT. POOH and set packer @ 4790'. Load annulus and test packer to 1000 psig.
11. MIRU BJ. Acidize perms using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
12. Release packer and lower past perms. POOH w/packer standing back tubing.
13. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,697		
Total		25,697		92,000

* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

14. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.
15. MIRU electric line unit. Perforate well as follows:

4,832' - 4,846'	8 holes	1 sp2f
4,788' - 4,816'	15 holes	1 sp2f
4,694' - 4,740'	<u>24 holes</u>	1 sp2f
TOTAL HOLES	47 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92.
Perforation depths above are based on Wedge CBL dated 12/12/92.

16. PU and TIH w/RBP-treating packer combination. Set RBP at 4865'. Release from RBP, PU 6' and set packer. Test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4570'. Set packer and test annulus to 1000 psig.
17. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 70, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
18. Release packer and lower past perfs. POOH w/packer standing back tubing.

19. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	2,000	4	8,000
3	30# X-L Gel	2,500	6	15,000
4	30# X-L Gel	3,000	8	24,000
5	30# X-L Gel	3,000	10	30,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,511		
Total		28,011		110,000

* 12/20 Resin Coated sand.

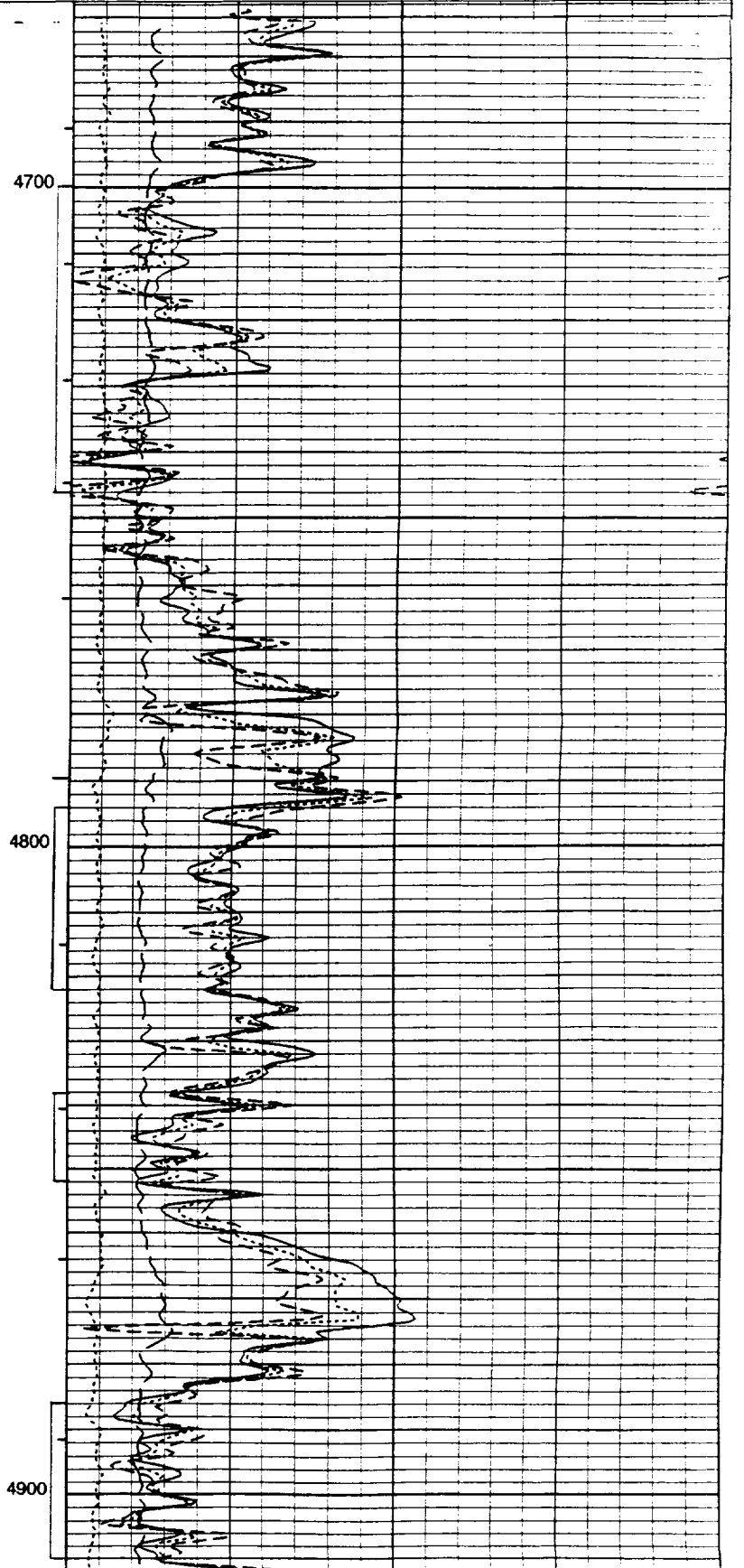
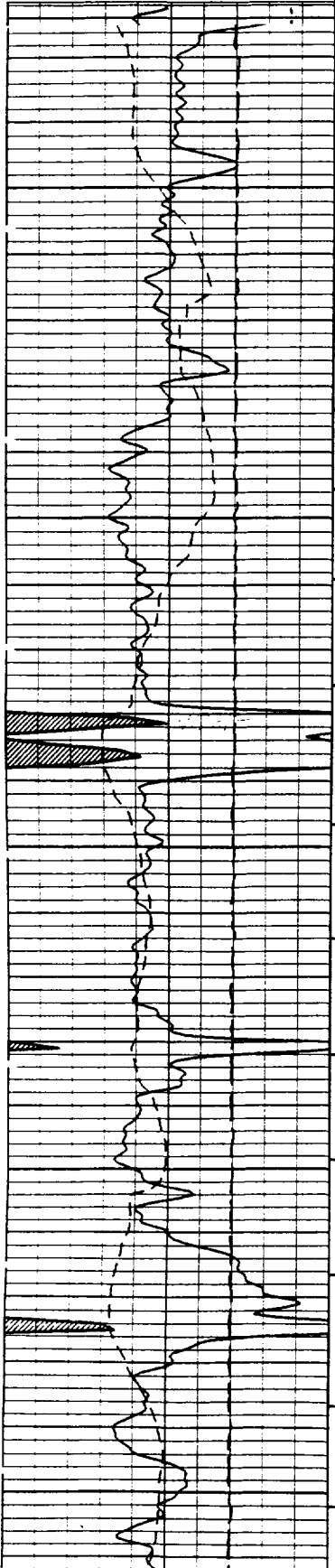
Maximum recommended surface treating pressure - 2500 psig.

20. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour and SI overnight.
21. MIRU Foam Unit. PU and TIH with RBP retrieving tool on tubing. Wash down and release RBP @ 4,865' and POOH w/same. TIH with RBP retrieving tool on tubing. Wash down and release RBP @ 5,120' and POOH w/same. TIH w/notched collar, SN, and tubing. Wash down to TOC @ 5350'. Circulate hole clean.
22. POOH w/tubing to 4,400'. Swab back frac fluid until samples start cutting formation fluid.
23. POOH laying down tubing.
24. PU IPC & EPC A-3 Lok-Set packer, IPC FL-22 On/Off tool, and IPC 2 7/8", J-55, 8rd, tubing and TIH to 4,580'. Reverse in inhibited packer fluid and set packer. Test annulus to 500 psi f/15 minutes on chart. ND BOPE. NU injection head. Tie into injection line and begin injection.

Todd "27P" Federal #16 (Conversion) ATTACHMENT X (Log)

GAMMA RAY BACKUP From T1 to GR1		
Tension (TENS)		
10000.0	(LBF)	0.0
Gamma Ray 1 (GR)		
100.0	(GAPI)	200.0
Gamma Ray (GR)		
0.0	(GAPI)	100.0
Caliper (CALI)		
6.0	(IN)	16.0

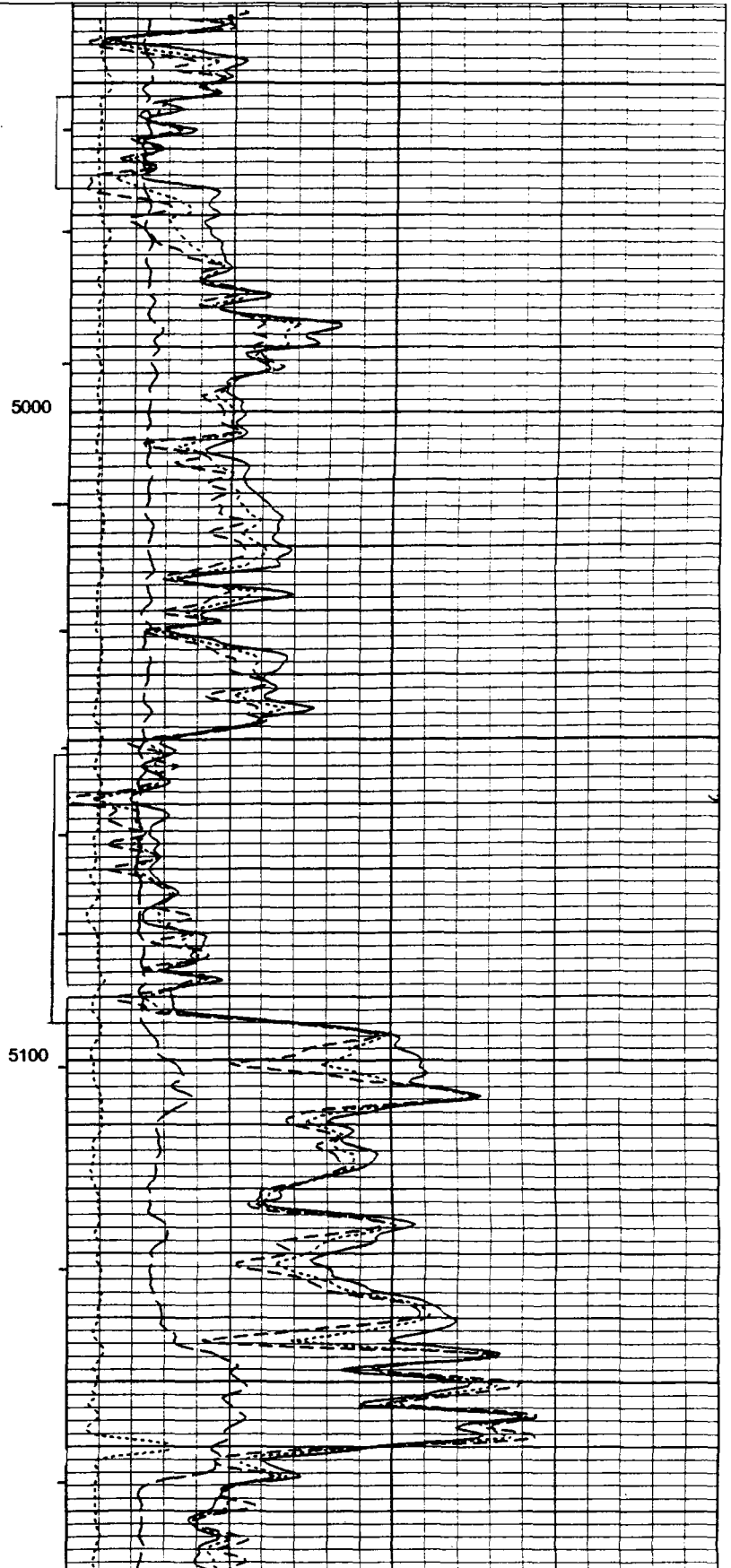
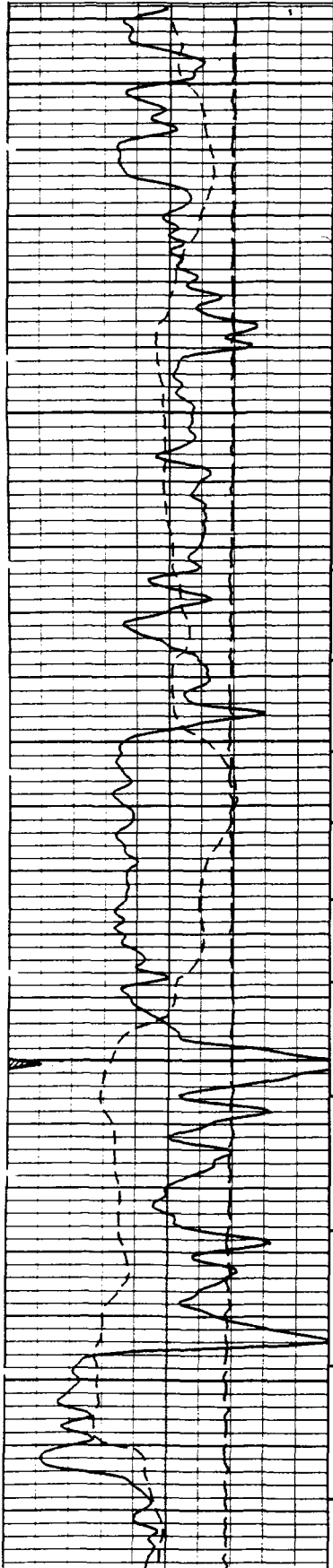
Cross Plot Porosity (PHIX)		
0.3	(----)	-0.1
PhotoElectric Factor (PEF)		
0.0	(----)	10.0
Neutron Porosity (NPHI)		
0.3	(V/V)	-0.1
Density Porosity (DPHI)		
0.3	(V/V)	-0.1
Bulk Density Correction (DRHO)		
-0.05	(G/C3)	0.45



Todd "27p" Federal #16 (Conversion) ATTACHMENT X (Log)

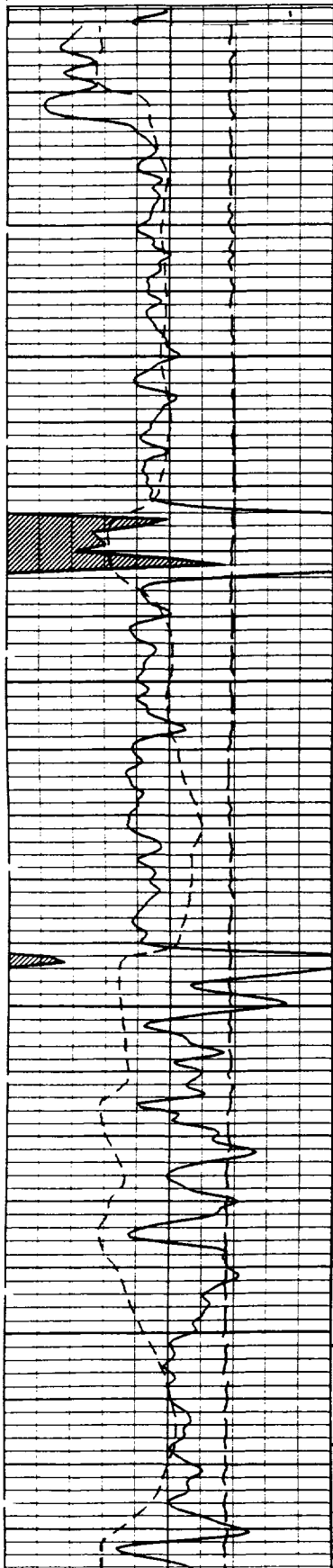
GAMMA RAY BACKUP From T1 to GR1		
Tension (TENS)		
10000.0	(LBF)	0.0
Gamma Ray 1 (GR)		
100.0	(GAPI)	200.0
Gamma Ray (GR)		
0.0	(GAPI)	100.0
Caliper (CALI)		
6.0	(IN)	16.0

Cross Plot Porosity (PHIA)		
0.3	(---)	-0.1
PhotoElectric Factor (PEF)		
0.0	(---)	10.0
Neutron Porosity (NPHI)		
0.3	(V/V)	-0.1
Density Porosity (DPHI)		
0.3	(V/V)	-0.1
Bulk Density Correction (DRHO)		
-0.05	(G/C3)	0.45



Todd "27P" Federal #16 (Conversion) ATTACHMENT X (Log)

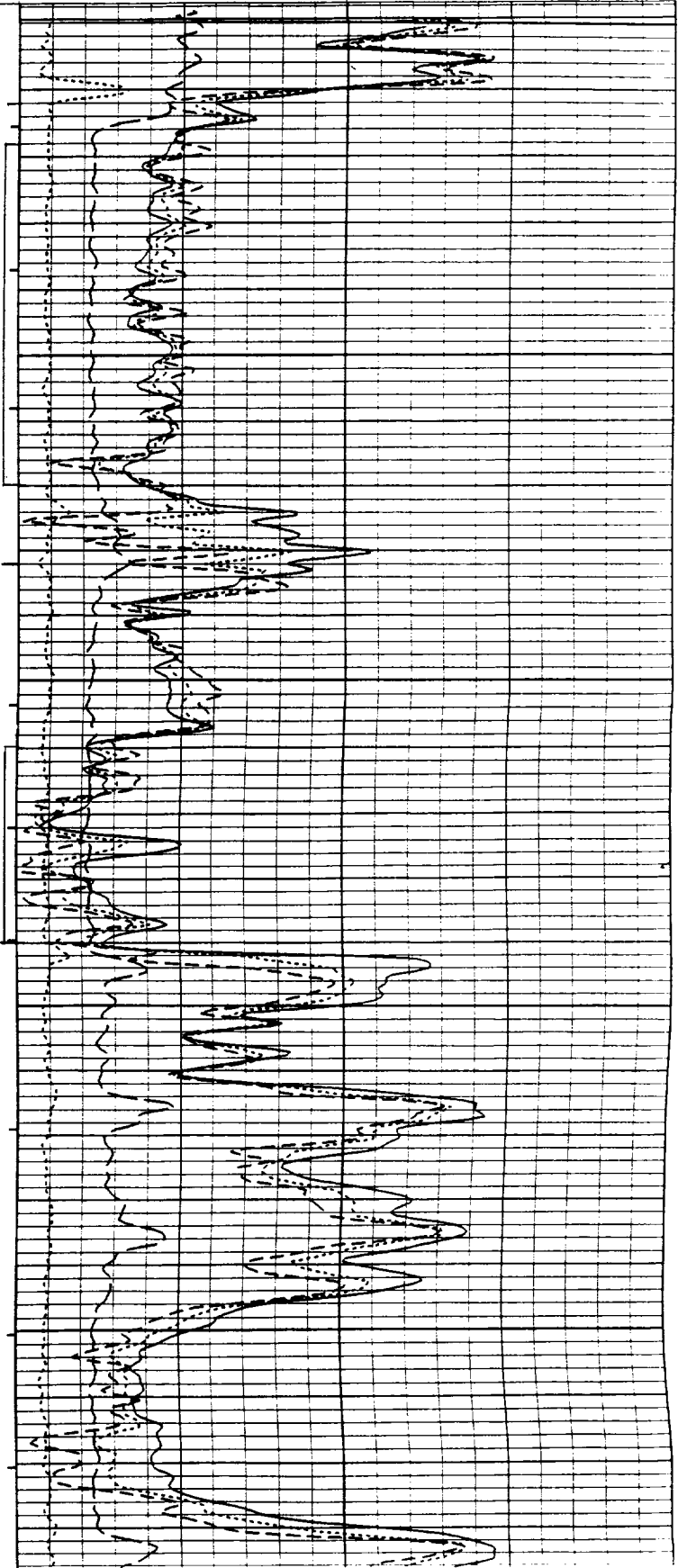
GAMMA RAY BACKUP From T1 to GR1		
Tension (TENS)		
10000.0	(LBF)	0.0
Gamma Ray 1 (GR)		
100.0	(GAPI)	200.0
Gamma Ray (GR)		
0.0	(GAPI)	100.0
Caliper (CALI)		
8.0	(IN)	18.0



Cross Plot Porosity (PHIX)		
0.3	(---)	-0.1
PhotoElectric Factor (PEF)		
0.0	(---)	10.0
Neutron Porosity (NPHI)		
0.3	(V/V)	-0.1
Density Porosity (DPHI)		
0.3	(V/V)	-0.1
Bulk Density Correction (DRHO)		
-0.05	(G/C3)	0.45

5200

5300



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 conversion to SWD

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FSL & 330' FEL Unit P Section 27-T23S-R31E Eddy Cnty, NM

5. Lease Designation and Serial No.

NM0418220-A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

Todd "27P" Federal #16

9. API Well No.

30-015-27106

10. Field and Pool, or Exploratory Area

Ingle Wells (Delaware)

11. County or Parish, State

Eddy Cnty, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <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>Conversion to</u> | <input checked="" 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.)*

Please see attached Application for Authorization to Inject.

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

Signed Walter M. Frank Title District Engineer

Date August 12, 1997

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: