

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
Devon Energy Corporation (Nevada)

MAR 29 '89

3. ADDRESS OF OPERATOR
1500 Mid America Tower, OKC, OK 73102
O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 660' FNL Sec. 17-17S-30E

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Plugged off open hole section & acidize perfs.

5. LEASE
NM 074936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McIntyre "D"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Grayburg-Jackson SR-Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
17-17S-30E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3675 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

1. TIH w/ bit & scraper to 2900 ft. Ran gauge ring to 2880 ft. Set CIBP at 2860' ft. Dumped 3 sx cmt on top. PSTD 2825 ft.
2. Ran pkr and set @ 2477 ft. treated well w/500 gals MFS 415 and 1500 gals 15% HCl acid. Released pkr & TOOH. Ran 2 3/8" tbg. to 2788 ft.
3. Swabbed back 30 bbls of load. Ran rods & pump. Started pumping.

RECEIVED

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE District Engineer DATE 3/20/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

MAR 27 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO