

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. 811 S. 1st
Artesia NM

Division

C/SF

FORM APPROVED
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 W I W

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)

1980' FSL & 660' FEL of Section 5-T17S-R31E
FAL

5. Lease Designation and Serial No.

LC-029435-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

J. L. Keel "B" #9

9. API Well No.

30-015-05076

10. Field and Pool, or Exploratory Area

Grayburg Jackson Field

11. County or Parish, State

Eddy County, 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

- ☐ Abandonment
☐ Recompletion
☒ Plugging Back
☒ Casing Repair
☐ Altering Casing
☒ Other Acidize

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

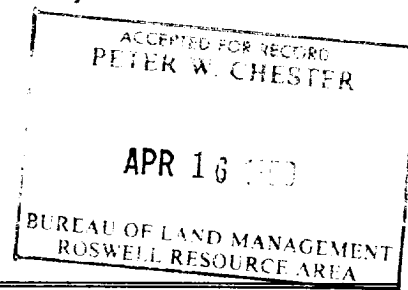
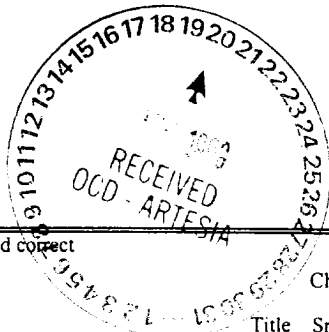
Workover existing water injection well as follows:

3/26/99 – Ran bit and scraper to 3700'. Reverse circulate wellbore clean.

3/29/99 – Set CIBP @ 3632'.

3/30/99 – Acidize perforations 3072'- 3563' with 3500 gals 15% HCl acid + 7000# rock salt.

3/31/99 – RIH with packer, SN and tubing. Set packer @ 2998'. Return well to injection.



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

Signed Charles H. Carleton
(This space for Federal or State office use)

Charles H. Carleton

Title Sr. Engineering Tech.

Date April 1, 1999

Approved by _____

Title _____

Date _____

Conditions of approval, if any: _____