

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

CLSF

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 <u>WIW</u>	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) 660' FSL & 1980' FWL, Sec. 5-17S-31E <u>Unit N</u>
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5. Lease Designation and Serial No. LC-029435-B
6. If Indian, Allottee or Tribe Name N/A
7. If Unit or CA, Agreement Designation N/A
8. Well Name and No. J. L. Keel "B" #11
9. API Well No. 30-015-05077
10. Field and Pool, or Exploratory Area Grayburg Jackson Q, SR, GB, SA
11. County or Parish, State Eddy County, NM

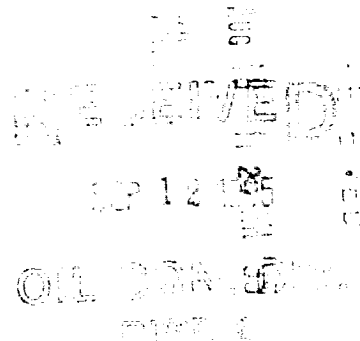
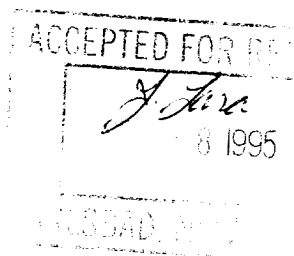
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other <u>Change from SI to Inj</u>	☐ 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.)*

Effective 8/14/95, the status of this well changed from shut in to injecting.



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

Signed Karen Byers Title KAREN BYERS ENGINEERING TECHNICIAN Date 8/16/95
(This space for Federal or State office use)

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