

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Cons Division  
811 S. 1st  
Artesia, NM 87003

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

c/sf

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

5. Lease Designation and Serial No. <b>LC-029435-B</b>
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. <b>J. L. Keel "B" #13</b>
9. API Well No. <b>30-015-05078</b>
10. Field and Pool, or Exploratory Area <b>Grayburg Jackson Field</b>
11. County or Parish, State <b>Eddy County, NM</b>

**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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" 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>Acidize</u>	<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.)\*

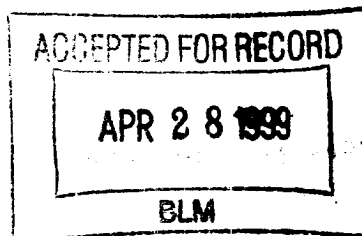
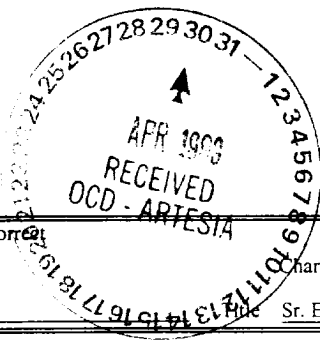
Workover existing water injection well as follows:

4/05/99 – Ran bit and scraper to 3650'. Reverse circulate wellbore clean.

4/06/99 – Set cement retainer @ 3612'. Mix and pump 50 sxs "C" below retainer. WOC

4/08/99 – Acidize perforations 2992'- 3601' with 3000 gals 15% HCl acid + 5000# rock salt.

4/09/99 – RIH with packer, SN and tubing. Set packer @ 2892'. Return well to injection.



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

Signed Charles H. Carleton Title Sr. Engineering Tech.

Date April 12, 1999

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: