

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Str.
Artesia, NM 88210-2834

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 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 & 1980' FEL of Section 6-T17S-R31E

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" #21

9. API Well No.
30-015-05084

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	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 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 type="checkbox"/> Other _____	<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.)*

Repair casing leak as follows:

4/26/00 – Set CIBP @ 2735', isolated casing leak @ 2731'. Established injection rate of 0.8 BPM @ 2300psi.

4/27/00 – Set cement retainer @ 2664'. Mix and pump 75 sxs "C" below retainer. WOC.

5/01/00 – Drilled out cement retainer and cement, cement was green below retainer. Continued to have 2.5 BPH flow.

5/02/00 – Broke down squeeze hole with 500 gals 15% HCl acid.

5/03/00 – Set cement retainer @ 2664'. Mix and pump 150 sxs "C" below retainer. WOC.

5/05/00 – Drill out retainer and cement. Pressure tested casing.

5/08/00 – Drill out CIBP and reverse circulate wellbore clean.

5/09/00 – RIH with packer, SN and tubing. Set packer @ 2698'. Tested casing to 3000psi, tested good.

Returned well to injection.

(ORIG SGU) GARY GOURLEY

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

Signed Charles H. Carleton Title Sr. Engineering Tech. Date May 10, 2000

(This space for Federal or State Office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

SECRET

RECEIVED
2000 MAY 15 A 10:19
ROOSEVELT OFFICE