

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

95F

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 WIW

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 & 660' FEL, Sec. 6-17S-31E

Unit P

| |
|---|
| 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" #20 |
| 9. API Well No. 30-015-05085 |
| 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 |
|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>Change from SI to Inj</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Reported 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.

SEP 12 1995
OIL & GAS DIV.
BUREAU OF LAND MANAGEMENT
CARLSBAD, NEW MEXICO

ACCEPTED FOR RECORD
J. Lora
8 1995
CARLSBAD, NEW MEXICO

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

Signed Karen Byers Title KAREN BYERS ENGINEERING TECHNICIAN
(This space for Federal or State office use)

Date 8/16/95

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