

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2894

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 WIW

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 & 660'FWL of Section 8-T17S-R31E

5. Lease Designation and Serial No.
LC-029435B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
J.L. Keel "B" #2

9. API Well No.
30-015-05103

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 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>Add Perfs and 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:

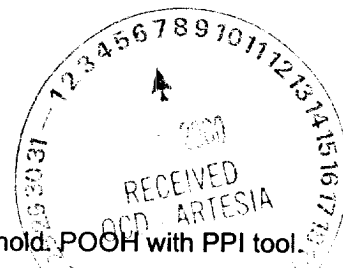
10/11/00 – MIRUPU. RIH with bit and scraper, clean out wellbore to TD. Circulate wellbore clean.

10/16/00 – Perforate 2957'- 3255'(OA) with 16 holes.

10/17/00 – Attempted to acidize perforations 2914'-3555' with PPI tool; however, PPI tool would not hold. POOH with PPI tool.

10/19/00 – Acidize perforations 2914'-3555' with 5000 gals 15% HCl acid and 6000# rock salt.

10/20/00 – RIH with packer, SN and 2 3/8"(IPC) tubing. Set packer at 2879'. Ran Chart. Well ready for injection.



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

Charles H. Carleton

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

Title Sr. Engineering Tech.

Date October 23, 2000

Approved by Record Only
Conditions of approval, if any:

Title

Date

17-11-11

17-11-11