

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD

Artesia **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	JAN 9 '95 (E)
2. Name of Operator DEVON ENERGY OPERATING CORPORATION	
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4530	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FWL, Sec. 10-T17S-R31E	

5. Lease Designation and Serial No.
6. If Indian, Allottee or Tribe Name LC-029426-B
7. If Unit or CA, Agreement Designation NA
8. Well Name and No. NA
9. API Well No. H. E. West "B" #13
10. Field and Pool, or Exploratory Area GRAYBURG-JACKSON
11. County or Parish, State Eddy Co., NM

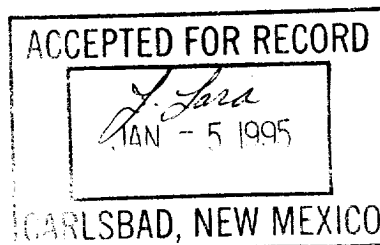
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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>Acid job</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.)*

On 11/20/94, this well was acidized down tbg w/2500 gals 15% HCl acid + 2000# rock salt.



RECEIVED
JAN 10 1995
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO

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

Signed <u>Karen Rosa</u>	Title <u>KAREN ROSA ENGINEERING TECHNICIAN</u>	Date <u>12/5/94</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any: _____		