| Form 3160-5 (June 1990) | DEPARTMEN | D STATES 1' OF THE INTERIOF AND MANAGEMEN | <u>.</u> | 6) 3210-2334 FORM AP Budget Bureau | No. 1004-0135 | |
|--|---|---|---|--|---|--|
| Do not use this form | 5. Lease Designation | and Serial No. | | | | |
| | 1 7. If Unit or CA, Agr | eement Designation | | | | |
| I. Type of Well □ Oil Well Quiter WIW Quiter WIN QUITER WIN | | | | | | |
| 2. Name of Operator DEVON ENERGY CORPORATION (NEVADA) | | | | |). | |
| 3. Address and Telephone 20 NORTH BROAD | 9. API Well No. 05311 | | | | | |
| 4. Location of Well (Fontage, Sec., T., R., M., or Survey Description) 4. FSL & 100 FEL, Sec. 19-17S-31E | | | | Grayburg Jacksor 11. County or Parish, | 30-015-28774 10. Field and Pool, or Exploratory Area Grayburg Jackson 11. County or Parish, State Eddy County, NM | |
| CHECK API | PROPRIATE BOX(s |) TO INDICATE NATU | RE OF NOTICE, RE | PORT, OR OTHER | DATA | |
| TYPE OF SUE | TYPE OF SUBMISSION TYPE OF ACTION | | | | | |
| Notice of Intent Subsequent Report | oort Recompletion Plugging Back Casing Repair | | Change of Plans New Construction Non-Routine Fracturing | | | |
| Final Abandonment No | | | • | Water Shut-Off Conversion to Injec Dispose Water (Note Report results of multiple | Water Shut-Off Conversion to Injection | |
| subsurface locations and The followi 2/17/97 to 2 2/19/97 - R 2/20/97 - Pe 2/21/97 - A 2/22/97 - R | measured and true vertical depths ing work was done to 2/18/97 - MIRU. PC an 5 1/2" scraper to 4500# rock salt. erf'd @ 2914'-3279' cidized 2914'-3056' | PH w/pkr & tbg. RIH w 3342'. Acidized Grayb | v/4 3/4" bit to 3284'. ourg perfs 3130'-3334 acid & 30 ball sealer | Cleaned out from 3 4' w/3000 gals 15% rs. | 3283'-3342'. | |
| 14 I hereby certify that the | foregoing is true and correct | | | | Ŕ | |
| Signed KAREN BYERS Title ENGINEERING TECHNICIAN | | | | Date <u>03/26/97</u> | | |
| (This space for Federal or St Approved by Conditions of approval, if ar Title 18 U.S.C. Section 1001, ma | ıy: | Title Title | APR 0 2 1997 | Date | | |
| to any matter within its jurisdiction | on. | | and the state of the state | | - statements of representatio | |