

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N° 1L CONS COMMISSION  
Drawer DD  
Artesia, NM 88210  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

dsf

**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<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u> |
| 2. Name of Operator<br><b>DEVON ENERGY OPERATING CORPORATION</b>  |
| 3. Address and Telephone No.<br><b>20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527</b>                           |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>430' FSL &amp; 2250' FEL, Unit O, Sec. 6-17S-31E</b>           |

|  |
|--|
| 5. Lease Designation and Serial No.<br><b>LC-029435-B</b>                        |
| 6. If Indian, Allottee or Tribe Name<br><b>N/A</b>                               |
| 7. If Unit or CA, Agreement Designation<br><b>N/A</b>                            |
| 8. Well Name and No.<br><b>J. L. Keel "B" #30</b>                                |
| 9. API Well No.<br><b>30-015-21460</b>   |
| 10. Field and Pool, or Exploratory Area<br><b>Grayburg Jackson Q, SR, GB, SA</b> |
| 11. County or Parish, State<br><b>Eddy County, NM</b>                            |

**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 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.)\*

Effective 8/14/95, the status of this well changed from shut in to injecting.

RECEIVED  
SEP 12 1995  
OIL CON DIV  
DIST.  
NEW MEXICO

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

Signed Karen Byers Title KAREN BYERS  
ENGINEERING TECHNICIAN

Date 8/16/95

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: