Form 3160-5 (June 1990)

## U-TED STATES DEPARTM\_\_\_IT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

NM OIL CONS COMMISSION

Drawer DD NM FORM APPROVED

Artesia, Budget Bureau No. 1004-0135 Expires March 31, 1993 SUNDRY NOTICES AND REPORTS ON WELLS Lease Designation and Serial No. Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. LC 049998 A Use "APPLICATION FOR PERMIT—" for such proposals 6. If Indian, Allottee or Tribe Name SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation 1. Type of Well ⊠ Oil Well ☐ Gas ☐ Other 8. Well Name and No. 2. Name of Operator **DEVON ENERGY OPERATING CORPORATION** Last Chance Federal #1 3. Address and Telephone No. 9. API Well No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527 30-015-24450 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage. Sec., T., R., M., or Survey Description) 1650' FNL & 2310 FEL, Unit G, Sec. 17-T17S-R31E **Grayburg Jackson** 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 Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Other Change of operator Dispose Water (Note: Report results of multiple completion on Well on 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.)\* FEB - 9 1993 Please note the operator of the following well has changed OIL COM. DIV. From Ray Westall D18T. 2 To Devon Energy Operating Corporation FFR 14. I hereby certify that the foregoing is true and correct KAREN ROSA **ENGINEERING TECHNICIAN** Date 12/16/94 (This space for Federal or State office use) Approved by Date Conditions of approval, if any: