

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st St.  
Artesia, NM 87003  
210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

CISF

**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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u>	2. Name of Operator <b>DEVON ENERGY CORPORATION (NEVADA)</b>	3. Address and Telephone No. <b>20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611</b>	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>660'FNL &amp; 1980'FEL of Section 6-T17S-R31E</b>
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5. Lease Designation and Serial No. <b>LC-029435B</b>	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. <b>J.L. Keel "B" #32</b>	9. API Well No. <b>30-015-24694</b>	10. Field and Pool, or Exploratory Area <b>Grayburg-Jackson Field</b>	11. County or Parish, State <b>Eddy County, NM</b>
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**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 checked="" type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>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.)\*

Converted to water injection well as follows:

4/22/99 – Run bit and scraper to 3330'. Reverse circulate wellbore clean.

4/23/99 – Set CIBP at 3355'.

4/24/99 – Acidize perforations 2974'- 3266' with 2500 gals 15% HCl acid + 6000# rock salt.

4/26/99 – RIH with injection packer, SN and 2 3/8"(IPC) tubing. Set packer at 2893'.

Waiting on injection line.

ACCEPTED FOR RECORD

MAY 13 1999

BLM

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

Signed Charles H. Carleton Title Sr. Engineering Tech. Date April 27, 1999  
(This space for Federal or State office use)

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

AND  
OF

BUREAU OF  
RECORDS  
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