

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
District DD  
Artesia, NM 88210

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

☐ Oil Well ☐ Gas Well ☒ Other WIW

2. Name of Operator

DEVON ENERGY OPERATING CORPORATION

3. Address and Telephone No.

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2080' FSL & 660' FEL, Sec. 6-17S-31E

5. Lease Designation and Serial No.

LC-029435-B

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

J. L. Keel "B" #38

9. API Well No.

30-015-25919

10. Field and Pool, or Exploratory Area

Grayburg Jackson Q, SR, GB, SA

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
<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

AUG 28 1995

OIL CON. DIV.

DIST. 2

AUG 23 1995

SJS

CARLSBAD, NEW MEXICO

Post FD-3

9-8-95

chg to WIW

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

Signed Karen Byers

KAREN BYERS  
ENGINEERING TECHNICIAN

Date 8/16/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: