

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry wells. 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)
640'FNL & 2050'FWL of Section 7-T17S-R31E

RECEIVED

OCT 18 1996

OIL CON. DIV.
DIST. 2

5. Lease Designation and Serial No.
LC-029435-A
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 "A" #17
9. API Well No.
30-015-25938
10. Field and Pool, or Exploratory Area
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
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input checked="" 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.)*

The following was done to convert to water injection well:

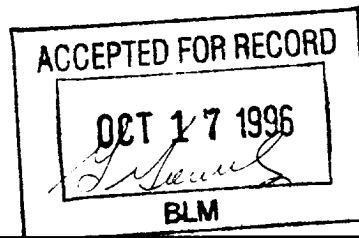
9/9/96 to 9/13/96 -

Ran bit & scraper to 3509'.

Acidized perms 2870'-3512' w/5000 gals 15% HCl acid.

Ran 5 1/2" Baker N.P. J-lok pkr & 89 jts 2 3/8" plastic coated tbg. Set pkr @ 2778'. Tested.

9/23/96 - Began injecting.



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

Signed Karen Byers
(This space for Federal or State office use)

KAREN BYERS
Title ENGINEERING TECHNICIAN

Date 10/11/96

Approved by _____
Conditions of approval, if any:

Title _____

Date _____