

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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 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 CORPORATION (NEVADA)**

3. Address and Telephone No.  
**20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1980' FSL & 1780' FWL, Sec. 6-17S-31E**

5. Lease Designation and Serial No.

**LC-029435-B**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**J. L. Keel "B" #42**

9. API Well No.

**30-015-25974**

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"/> 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 type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Squeezed &amp; reshot new perms</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.)\*

Work was done on this well as follows:

12/31/98 – Squeezed perms 2797’-3509’ w/200 sx cement.

1/4/99 to 1/6/99 – Drilled through cement to 3350’. Ran bit and scraper to 3350’. Perfd Lovington 3200’-3264’ w/11 holes.

1/7/99 – Acidized perms 3200’-3264’ w/1000 gals 15% HCl acid + 1000# rock salt.

1/8/99 – Perfd 2845’-3102 w/37 - .47” holes. Acidized perms 2845’-3102’ w/3000 gals 15% HCl acid + 4250# rock salt.

1/11/99 – Ran tubing & packer. Set pkr @ 2740’. Returned well to 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 1/12/99

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

Title \_\_\_\_\_ Date \_\_\_\_\_

FOR THE RECORD  
JAN 14 1988

RECEIVED  
JAN 14 1988