

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st St.
Artesia, NM 87003
FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

0157

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' FNL & 1980' FWL of Section 9-T17S-R31E

5. Lease Designation and Serial No.
LC-029426-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
H. E. West "B" #39

9. API Well No.
30-015-26023

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 checked="" 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>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.)*

Workover Existing Water Injection Well As Follows:

3/26/99 – Ran bit and scraper to 3705'. Circulated wellbore clean.

Set cement retainer @ 3641'. Mix and pump 100 sxs "C" below retainer. WOC.

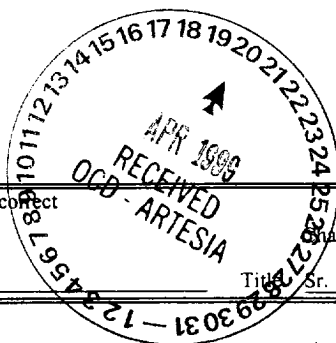
3/29/99 – Acidize perforations 3458'-3623' with 2000 gals 15% HCl acid + 4000# rock salt.

Acidize perforations 3182'-3420' with 2000 gals 15% HCl acid + 4000# rock salt.

3/31/99 – RIH with packer, SN and tubing. Set packer @ 3090'. Return well to injection.

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

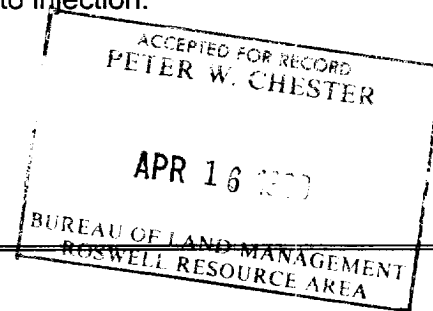
Signed Charles H. Carleton
(This space for Federal or State office use)



Charles H. Carleton

Title Sr. Engineering Tech.

Date April 1, 1999



Approved by _____ Title _____ Date _____
Conditions of approval, if any:

RECEIVED
APR 06 90
BLM
ROSWELL, NM