

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st Street
Artesia, NM 88210-2894

FORM APPROVED
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 <u>WTW</u>	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) 660' FSL & 660' FEL, Sec. 4-17S-31E
---	---	--	--

5. Lease Designation and Serial No. LC-029426-A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. H. E. West "A" #17
9. API Well No. 30-015-26212
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
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☒ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☐ Other _____
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

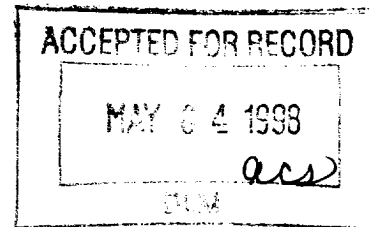
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

This well was plugged back as follows:

4/18/98 – Ran bit & scraper to 3940'. Set a CIBP @ 3820' & dumped 5 sx cement on top of plug.

4/20/98 – Ran tbg & pkr. Set pkr @ 3114'. Returned well to injecting.



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

Signed Karen Byers Title Engineering Technician Date 4/27/98
(This space for Federal or State office use)

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

RR

30-015-26212

MIDNIGHT

