

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

0151

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

2. Name of Operator
DEVON ENERGY OPERATING CORPORATION

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4530

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2130' FSL & 1980' FEL, Sec. 10-T17S-R31E

5. Lease Designation and Serial No.
LC 029426 B

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
H.E.
WEST "B" #48

9. API Well No.
30-015-26572

10. Field and Pool, or Exploratory Area
GRAYBURG-JACKSON

11. County or Parish, State
EDDY CO., NEW MEXICO

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 Perf'd, acidized and frac'd	<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.)*

On 9/15/94, we perf'd the Jackson zone from 3575'-3878' (32 holes). We acidized well w/3000 gals 15% HCl acid and flushed w/5 bbls 2% KCl. We frac'd the Jackson perms w/24,654 gals WF-135 x-link gel + 29,616 lbs 20/40 sand.

On 9/25/94, we perf'd the Premier zone from 3494'-3528' (9 holes). We acidized well w/950 gals 15% HCl acid.

On 9/29/94, we perf'd the Loco Hills/Metex zone from 3272'-3450'. We acidized well w/2700 gals 15% HCl acid. We frac'd this zone w/27,729 gals YF-130 gel + 61,500 lbs 20/40 sand.

NOV 11 1994
OCT 31 1 27 PM '94
RECEIVED

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

Signed Jo Ann Hooks Title JO ANN HOOKS ENGINEERING TECHNICIAN Date 10/27/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: