

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2900

FORM APPROVED
Budget Bureau No. 1004-C135
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

MAR 14 1997

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other W.I.W.

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

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)
2130' FSL & 1980' FEL of Section 10-T17S-R31E

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

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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 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 checked="" 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.)

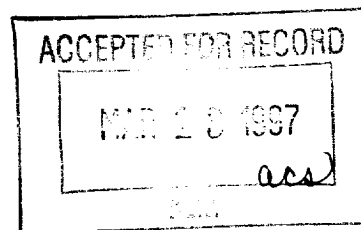
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The following work was done to convert this well to a water injection well:

2/20/97 - RIH w/4 3/4" bit & 5 1/2" scraper.

2/21/97 - RIH w/CIBP & set @ 3950'. Dumped 2 sxs cmt on top of CIBP. RIH w/5 1/2" J-loc pkr, SN & 101 jts 2 3/8" IPC tbg. Set pkr @ 3205.77'. Ran chart for OCD.

2/24/97 - 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 03/03/97

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