

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Drawer DD

Artesia, NM 88210
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

2. Name of Operator
 DEVON ENERGY OPERATING CORPORATION

3. Address and Telephone No.
 20 NORTH BROADWAY, SUITE 1600, OKLAHOMA CITY, OKLAHOMA 73102 (405)562-4630

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1980' FSL & 1880' FWL, Sec 5-T17S-R31E

5. Lease Designation and Serial No.
 LC 029435-B

6. If Indian, Allottee or Tribe Name
 NA

7. If Unit or CA, Agreement Designation
 NA

8. Well Name and No.
 KEEL "B" 47

9. API Well No.
 30-015-26789

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 checked="" type="checkbox"/> Other <u>Perf, acidize & frac</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input 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.)*

On 9/6/94 thru 9/19/94, perforated Jackson zones 3281'-3500' (32 holes), Pmp w/3000 gals 15% HCL acid down tbq. Frac'd Jackson zones 3281'-3281' w/35,000 gals of YF 130 gel + 60,500 lbs 20/40 sand.

Perforated Grayburg zones 3024'-3227' (32 holes). Pmp w/3000 gals 15% HCL acid down tbq. Frac'd Jackson zones 3024'-3227' w/35,000 gals of YF 130 gel + 60,500 lbs 20/40 sand. Fraced Grayburg zones 3024'-3227' w/26,000 gals of YF 130 gel. Left well pmp to btry.

OCT 31 1 21 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 October 28, 1994

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____