

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. Division
1 S. Street
Artesia, NM 2
FORM APPROVED
Bureau No. 1004-0135
Expires March 31, 1993
C/SF

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 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)
1305' FSL & 1305' FWL, Sec. 3-17S-31E

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" #49
9. API Well No.
30-015-26791
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>Acidize</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.)

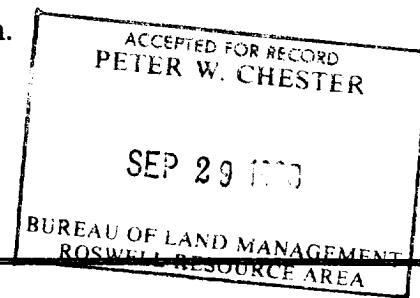
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

9/9/98 - Cleaned perms 3314'-4043' with Sonic Hammer.

9/11/98 - Acidized Jackson perms 3830'-4043' w/1500 gals 15% HCl acid + 2500# rock salt.

9/14/98 - Acidized Grayburg - Lovington perms 3314'-3682' w/2000 gals 15% HCl acid + 3500# rock salt.

9/15/98 - RIH with production equipment and returned well to production.



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 9/18/98

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