

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Conservation Division  
1 S. 1st Street  
Artesia, NM 87002

C/SF

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 Injection

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)  
**1972' FSL & 2078' 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" #55**

9. API Well No.

**30-015-27111**

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 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 checked="" 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 type="checkbox"/> Other ___	<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.)\*

This well was plugged back as follows:

11/2/94 - Set CIBP @ 4130'. Dumped 15' of cement on top of CIBP. Ran tubing & packer and returned to injecting.

ACCEPTED FOR RECORD  
(ORIG. SGD.) DAVID R. GLASS  
SEP 09 1998  
BLM

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

Signed Karen Byers

Karen Byers

Title Engineering Technician

Date 9/1/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any: