

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. C. Division  
811 S. 1st  
Artesia, N.M.

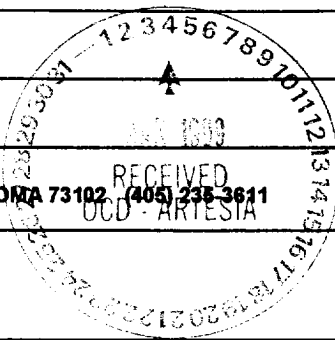
10-2834 FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

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 WIW
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 of Section 3-T17S-R31E**



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 checked="" type="checkbox"/> Other <u>Add Perforations &amp; Acidize</u>	<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.)\*

Workover existing water injection well as follows:

2/20/99 - Run bit and scraper to 3820'. Reverse circulate wellbore clean.

2/21/99 - Set CIBP at 3761'.

Perforate Lovington interval 3674'- 3686'(OA) with 10 holes.

Acidize perforations 3674'- 3686' with 1000 gals 15% HCl + 10 ball sealers.

Acidize perforations 3314'- 3552' with 1500 gals 15% HCl + 3000# rock salt.

Swab back load.

2/24/99 - RIH with packer, SN and tubing. Set packer at 3211'. Return well to injection.

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

Signed Charles H. Carleton  
(This space for Federal or State office use)

Charles H. Carleton

Title Sr. Engineering Tech.

Date February 25, 1999

Approved by  
Conditions of approval, if any:

Title (ORIG, SGD) DAVID R. GLASS Date