

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
TO REFLECT CORRECT OPERATOR
Artesia, NM
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator DEVON ENERGY OPERATING CORPORATION
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4530
4. Location of Well (Footage. Sec., T., R., M., or Survey Description) 1305' FNL & 2625' FWL, Sec. 10-T17S-R31E

5. Lease Designation and Serial No. LC 029426-B
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation NA
8. Well Name and No. WEST "B" #58
9. API Well No. 30-015-27311
10. Field and Pool, or Exploratory Area Grayburg-Jackson
11. County or Parish, State Eddy Co., 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 Spud & set surface csg
	<input type="checkbox"/> Change of Plans
	<input checked="" 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.)*

Spudded well at 4:00 p.m. on 10-2-94.

Ran 8-5/8" surface csg as follows:

Guide shoe @ 648.35'

2 jts 8 5/8", 24 ppf, j-55, STC csg

Float collar @ 575.79'

14 jts 8 5/8", 24 ppf, J-55, STC csg

Cmtd csg as follows:

165 sx 35/65 (Lite POZ; Class "C") + 6% D20 + 2% CaCl + 1/4 lb/sk D29

Slurry weight = 12.7 ppg Slurry yield = 1.93 cft/sx

225 sx Class "C" + 2% CaCl

Slurry weight = 14.8 ppg Slurry yield = 1.32 cft/sx

Circulated 58 sx to pit

ACCEPTED FOR RECORD
FEB 1 1995
536

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

Signed Karen Rosa

Title KAREN ROSA
ENGINEERING TECHNICIAN

Date 1/4/95

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____