

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

CISF

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. H. E. 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 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 Perf'd, acidized & frac'd |
| | <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 11/29/94, we perf'd 3814'-3958', and on 11/30/94, we acidized these perfs w/2500 gals 15% HCl acid. On 12/9/94, we began frac'ing this zone w/14,000 gals gel pad, 2000 gals gel + 2000# 20/40 brady sand @ 1 ppg, and 2690 gals gel + 5000# sand @ 2 ppg. Pumped 7000# sand, but was able to get only 5300# in formation.

On 12/11/94, we perf'd 3665'-3748', and acidized these perfs w/2500 gals 15% NEFE.

On 12/13/94, we perf'd 3319'-3583'. We dumped bail cement on CIBP @ 3645'.

On 12/17/94, we acidized perfs 3497'-3583' w/1500 gals 15% HCl acid.

On 12/18/94, we acidized perfs 3319'-3455' w/1500 gals 15% HCl acid.

On 12/21/94, we began frac by pumping 7000 gals WF110, 7000 gals gel + 10,500# 20/40 brady sand @ 1.5 ppg and flushed w/825 gals gel. Frac'd 3319'-3583' w/24,528 gals YF120 gel + 34,404# 20/40 brady sand + 12,600# 20/40 resin coated sand. Had 3557# of the resin coated sand in tbg when pkr gave way.

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

Signed Karen Rosa Title KAREN ROSA
ENGINEERING TECHNICIAN

Date 1/2/95

(This space for Federal or State office use)

Approved by _____ Title _____

Date ACCEPTED FOR FILE

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side