

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

458

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 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)
1335' FNL & 2555' FEL Sec. 9-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" #63

9. API Well No.
30-015- 27480

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

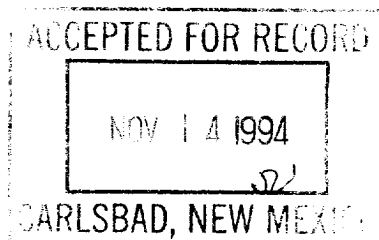
TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>Perf'd & acidized</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ 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 10/4/94, we perf'd the Slaughter zone 4105'-4151' (13 holes). We acidized w/1,500 gals of 15% HCl acid.

On 10/6/94, we perf'd the Slaughter zone 4015'-4094' (20 holes). We acidized w/1,500 gals of 15% HCl acid.



NOV 7 10 39 AM '94

RECEIVED

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

Signed

Title

JO ANN HOOKS
ENGINEERING TECHNICIAN

Date 11/1/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: