

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

c15F

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)562-4530

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 2080' FEL, Sec. 7-T17S-R31E

JAN 9 1995
OIL & GAS DIV.
EDDY CO. (B)

5. Lease Designation and Serial No.
LC-029435-A

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Keel "A" #23

9. API Well No.
30-015 28048

10. Field and Pool, or Exploratory Area
Grayburg Jackson 72-0-6-2-1

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 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 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 Spud & set surface csg	<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.)*

Spud @ 2:00 a.m. on 12/10/94

Ran 8 5/8" csg as follows:

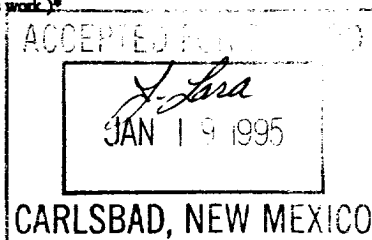
Guide shoe @ 475'
11 jts 8 5/8", 24 ppf, J-55 8rd ST&C
Float collar @ 390'

Cmt'd csg as follows:

165 sx 35/65 Poz "C" + 6% D-20 + 1/4 lb/sk D-29 + 2% S-1
(Slurry weight = 12.7 lb/gal Slurry yield = 1.93 cft/sk)
200 sx Class "C" + 2% S-1
(Slurry weight = 14.8 lb/gal Slurry yield = 1.32 cft/sk)
Disp w/ 25.1 bbls of FW. Bumped plug. No circ thru-out job.
No lift pressure.

260 sx cmt via 1" pipe through annulus.

Circ'd 17 sx to surface.



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

Signed Karen Rosa Title KAREN ROSA ENGINEERING TECHNICIAN Date 12/16/94
(TI is space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: