

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION *CISF*
Drawer DD
Artesian **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) 1310' FNL & 1100' FWL, Sec. 7-T17S-R31E

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. J. L. Keel "A" #18
9. API Well No. 30-015-28078
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 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>Spud & set surface csg</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.)*

Spud well at 2:30 p.m., 12/26/94.

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

Guide shoe @ 433'
10 jts 8 5/8", 24 ppf, j-55, STC csg
Float collar @ 346'

Cmtd csg as follows:

300 sx RFC 10/2 10# D-42, Den 13.7 #/gal, Yield 1.8 cu ft/sk
Tail w/ 200 sx Class "C", 2% S-1, Den 14.8 #/gal, Yield 1.32 cu ft/sk
Displaced w/ 22 bbls of fresh water.

Circ'd 125 sx to surface

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

Signed Karen Rosa Title KAREN ROSA ENGINEERING TECHNICIAN Date 12/30/94
(This space for Federal or State office use)

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