

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

CSF

**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 <b>DEVON ENERGY OPERATING CORPORATION</b>
3. Address and Telephone No. <b>20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4530</b>
4. Location of Well (Footage. Sec., T., R., M., or Survey Description) <b>1320' FSL &amp; 1320' FWL, Sec. 5-T17S-R31E</b>

5. Lease Designation and Serial No. <b>LC 029435-B</b>
6. If Indian, Allottee or Tribe Name <b>NA</b>
7. If Unit or CA, Agreement Designation <b>NA</b>
8. Well Name and No. <b>KEEL "B" #51</b>
9. API Well No. <b>30-015-28079</b>
10. Field and Pool, or Exploratory Area <b>GRAYBURG-JACKSON</b>
11. County or Parish, State <b>EDDY CO., NEW MEXICO</b>

**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 <u>Spud and set surface csg</u>
	<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.)\*

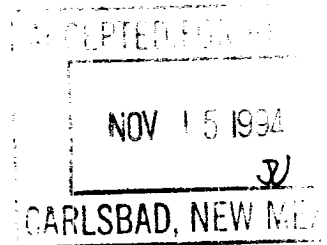
**Spud well at 6:30 A.M. NM time on 10-9-94.**

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

Guide shoe @ 399.40'  
2 jts 8 5/8", 24 ppf, J-55, STC csg  
Float collar @ 313.36'  
8 jts 8 5/8", 24 ppf, J-55, STC csg

**Cmtd csg as follows:**

105 sx 35/65 (Lite POZ; Class "C") + 6% D20 Bentonite + 2% CaCl + 1/4 lb/sk cellophane flakes  
(12.7 ppg; 1.93 cft/sk)  
200 sx Class "C" + 2% CaCl2  
(14.8 ppg, 1.32 cft/sk)  
Circ'd 58 sx to surface



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

Signed <u>Karen Rosa</u>	Title <u>KAREN ROSA ENGINEERING TECHNICIAN</u>	Date <u>11/10/94</u>
(This space for Federal or State office use)		

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