

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210 *ASF*

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) 1320' FSL & 1320' FWL, Sec. 5-T17S-R31E 1310 1310

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

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>TD'd and set prod 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.)*

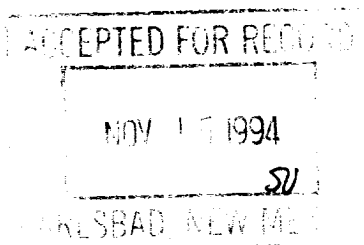
Reached TD 4073' on 10/15/94.

Ran 5-1/2" csg as follows:

5 1/2 float shoe @4073
1-jt 5 1/2" 15.5" csg
5 1/2" float collar @ 4026'
95 jts 5 1/2" 15.5# J-55

Cmtd csg as follows:

850 sx 35/65 (Lite POZ: Class "C") + 6% Bentonite + 10% salt + 1/4 lb/sk cellophane flake
(Slurry weight = 12.7 ppg; Slurry yield= 2.10 cft/sk)
450 sx Class "C" + 5% salt + 0.3% D59 fluid loss additive + 1/4 lb/sk cellophane flake
(Slurry weight 14.8 ppg; Slurry yield= 1.36 cft/sk)
Circulated 106 sx cmt to surface



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

Signed Karen Rosa

Title KAREN ROSA
ENGINEERING TECHNICIAN

Date 11/10/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____