

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 CORPORATION (NEVADA)	3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 50' FSL & 1290' FWL, Sec. 6-17S-31E
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5. Lease Designation and Serial No. LC-029435-B	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. J. L. Keel "B" #65	9. API Well No. 30-015-28227	10. Field and Pool, or Exploratory Area Grayburg Jackson	11. County or Parish, State Eddy County, NM
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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 Acidized	<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.)*

Work was performed on this well as follows:

11/16/98 - Ran bit & scraper to 3722'.

11/17/98 - Acidized perms 3371'-3615' w/1725 gals 7 1/2% HCl acid + 3000# rock salt.

11/18/98 - Acidized perms 2793'-3249' using PPI tool at 22 settings w/2325 gals 7 1/2% HCl acid.

11/19/98 - RIH w/production equipment.

11/20/98 - Hung well on.

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

Signed Karen Byers Title Engineering Technician Date 11/25/98

(This space for Federal or State office use)

Approved by (ORIG. SGB) DAVID R. GLASS Title _____ Date _____

Conditions of approval, if any, _____