

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
☐ Oil Well ☐ Gas Well ☒ Other WIW
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)
2030' FNL & 1980' FEL, Sec. 8-17S-31E

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" #76
9. API Well No. 30-015-28255
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 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 type="checkbox"/> Other _____
	<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.)*

12/21/98 – Ran bit & scraper.

12/22/98 – Set CIBP @ 3612'.

12/23/98 – Acidized perfs 3219'-3559' using PPI tool w/800 gals 15% HCl acid.

12/24/98 – Swabbed.

12/26/98 – Ran injection string & packer. Set packer @ 2991'. ~~Returned well to injecting.~~



ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID F. GLASS
JAN 07 1999

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

Signed Karen Byers
(This space for Federal or State office use)

Karen Byers

Title Engineering Technician

Date 12/28/98

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

