

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD
Artesian Well
FORM APPROVED
Bureau No. 1004-0135
Expires March 31, 1993

45F

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
2. Name of Operator DEVON ENERGY OPERATING CORPORATION
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527
4. Location of Well (Footage. Sec., T., R., M., or Survey Description) 2630' FNL & 2457' FWL, Unit F, Sec. 9-17S-31E

5. Lease Designation and Serial No. LC-029426-B
6. If Indian, Allottee or Tribe Name N/A
7. If Unit or CA, Agreement Designation N/A
8. Well Name and No. H. E. West "B" #79
9. API Well No. 30-015-28315
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
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>Change well name</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ 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.)*

Please note the well name change from: West "B" #79 or West "B" #79

to: H. E. West "B" #79

RECEIVED

JUL 10 1995

OIL CON. DIV.
DIST. 2

ACCEPTED FOR
J. Lora
1995

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

Signed Karen Rosa Byers

Title KAREN ROSA BYERS
ENGINEERING TECHNICIAN

Date 5/31/95

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____