

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

RECEIVED

FEB 19 1997

OIL CON. DIV

DIST. 2

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)
990' FSL & 330' FWL of Section 5-18S-27E, "M"

5. Lease Designation and Serial No.
NM-7714

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
W Red Lake 8910089700

8. Well Name and No.
West Red Lake Unit #17

9. API Well No.
30-015-00788

10. Field and Pool, or Exploratory Area
Red Lake (QN-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

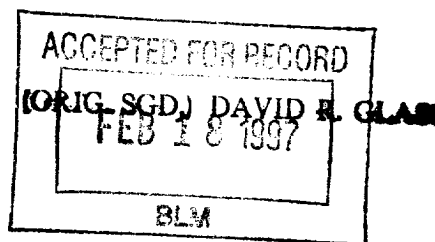
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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>Acidize</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.)*

(Existing San Andres Perfs: 1618' - 1628', 1786' - 1794', 1796' - 1801', 1826' - 1844')

On November 6, 1996, MIRU BJ. RU & Acidized San Andres Perfs w/300 Gals XYLENE + 5000 gals 15% HCL + 210 bbls additives. ISIP 850 psi. Flow well back. HU to injection line.



REC-111
FEB 19 1997
BLM

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

Signed Diana M. Keys
(This space for Federal or State office use)

Diana Keys

Title Engineering Technician

Date December 10, 1996

Approved by _____
Conditions of approval, if any:

Title _____

Date _____