

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Cons. Division

CLSI

210 200  
FORM APPROVED  
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)  
**560' FNL & 660' FEL, Sec. 29-17S-31E**

5. Lease Designation and Serial No.

**LC-029395-B**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Turner "B" #59**

9. API Well No.

**30-015-05446**

10. Field and Pool, or Exploratory Area

**Grayburg Jackson**

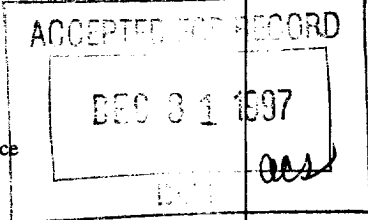
11. County or Parish, State

**Eddy County, NM**

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

**TYPE OF SUBMISSION**

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice



**TYPE OF ACTION**

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ 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.)\*

This well was converted to a water injection well as follows:

11/12/97 to 11/14/97 - Pulled pump & rods. Acidized perfs 3080'-3480' w/5775 gals 15% HCl acid + 3500# rock salt.

11/15/97 to 11/19/97 - Swabbed. Repaired 5 1/2" casing leak. RIH w/AD-1 nickel plated packer & 95 jts of 2 3/8" IPC tubing. Set packer @ 3002'.

12/17/97 - Began injecting.

Perf 10-3  
2-37-98  
10 WIW

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

Signed Karen Byers

Karen Byers  
Title Engineering Technician

Date 12/23/97

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_