

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

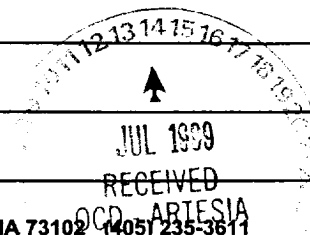
FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ 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)
2590' FSL & 100' FWL of Section 29-T17S-R31E



5. Lease Designation and Serial No. LC-029395B
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation NA
8. Well Name and No. Turner "B" #99
9. API Well No. 30-015-26621
10. Field and Pool, or Exploratory Area Grayburg Jackson Field
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 checked="" type="checkbox"/> Other <u>Return to production</u>
	<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.)*

Workover Shutin Oil Well As Follows:

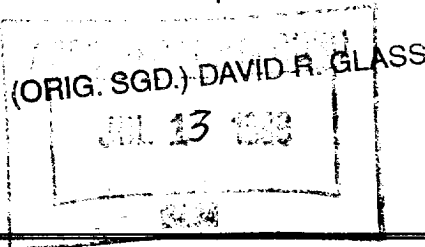
06/29/99 – Drill out CIBP at 3100'.

06/30/99 – Run bit and scraper to 3650'. Reverse circulate wellbore clean.

Perforate 3047'- 3083' (OA) with 8 holes.

07/01/99 – Swab test all zones.

07/02/99 – RIH with tubing, pump and rods. Hang well on and return to production.



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

Signed Charles H. Carleton Title Sr. Engineering Tech. Date July 6, 1999
(This space for Federal or State Office use)

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