UNITED STATES DEPARTM COF THE INTERIOR

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(June 1990) DEPARTM	F LAND MANAGEMENT NITED STATES NITED STATES NITED STATES NITED STATES NITED STATES NITED STATES	FORM APPROVED Budget Bureau No. 1004-0135 Expires March 31, 1993				
Do not use this form for proposals to dr	ES AND REPORTS ON WELLS Il or to deepen or reentry to a different reservoir. FOR PERMIT——" for such proposals	S G 2884 ignation and Serial No. NM LC-026874-B 6. If Indian, Allottee or Tribe Name				
SUBI	MIT IN TRIPLICATE	NA 7. If Unit or CA, Agreement Designation				
1. Type of Well ☐ Gas ☐ Other Well ☐ Well	NA 8. Well Name and No.					
2. Name of Operator DEVON ENERGY CORPORATION (NE	Malco "B" Federal #6					
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500	9. API Well No. 30-015- 2992 10. Field and Pool, or Exploratory Area					
 Location of Well (Footage. Sec., T., R., M., or Sur 2030' FNL & 1750' FEL of Section 6-T1 	Red Lake (Q-GB-SA) 11. County or Parish, State					
		Eddy County, NM				
CHECK APPROPRIATE BO	X(s) TO INDICATE NATURE OF NOTICE, REF	PORT, OR OTHER DATA				
TYPE OF SUBMISSION	TYPE OF ACTION					
 Notice of Intent ✓ Subsequent Report ☐ Final Abandonment Notice 	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Clarify BOP Equipment	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.)* The BOP listed in the APD as 3000 psi working pressure is only being used due to availability. A 2000 psi working						
pressure BOP is all that is required.	We would like to amend our APD to reflect this	is change.				
	Second to the second	NOV 1997 RECEIVED OCD - ARTESIA				
		(31110188 Fag)				
14. I hereby certify that the foregoing is true and corn	ect E.L. Buttross, Jr. Title District Engineer	Date November 5, 1997				
(This space for Federal or State office use) Approved by (ORIG. SGD.) LES Conditions of approval, if any:		Date NOV 2 0 1997				

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