

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Corps, Inc.  
0110.199  
12/17/97

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)  
330' FNL & 2360' FEL of Section 5-18S-27E, Unit "B"

5. Lease Designation and Serial No.  
LC-049048-B LC-064384

6. If Indian, Allottee or Tribe Name  
NA

7. If Unit or CA, Agreement Designation  
NA

8. Well Name and No.  
Carter Collier 5 Federal #9

9. API Well No.  
30-015-29995

10. Field and Pool, or Exploratory Area  
Red Lake (Q-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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input 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 type="checkbox"/> Other _____	<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.)\*

Please amend the APD to show that the BOP will be tested to 1000 psi with the rig pump. The maximum bottom hole pressure is anticipated to be only 800 psi.



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

Signed E.L. Buttross, Jr. Title District Engineer Date December 17, 1997

(This space for Federal or State office use)

Approved by (ORIG. SGD.) DAVID R. GLASS Title PETROLEUM ENGINEER Date JAN 06 1998

Conditions of approval, if any: