

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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)
1650' FSL & 990' FWL, Unit L, Section 34-T18S-R31E

5. Lease Designation and Serial No.
NW 10791

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

7. If Unit or CA, Agreement Designation
14-08-001-11572 East Shugart Ut

8. Well Name and No.
EAST SHUGART UNIT #16

9. API Well No.
30-015-05688

10. Field and Pool, or Exploratory Area
Shugart (Y-7R-Q-GB)

11. County or Parish, State
Eddy Cnty, 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>Clean out fill & 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.)*

04-03-96 RU Nowsco. RIH w/1" coiled tbg. Tagged fill at 3409' (open hole 2902-3892'). Jetted on fill w/acid. Pulled 1" coiled tbg. Acidized down tbg w/12 bbls 15% NeFe Pentol-100 at AIR 5.5 BPM w/3130 psi. Flushed w/7 BW. RD Nowsco. Returned to injection.

Injecting 286 BWPD at 1310 psi. Final report.

(ORIG. SGD) DAVID R. GLASS
AUG 24 1996

RECEIVED
AUG 26 11 34 AM '96
OASIS
AUG 26 1996

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

Signed Candace R. Graham Title Engineering Technician Date August 24, 1996
(This space for Federal or State office use)

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