

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil and Gas Division
11-1-91

C/SF

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

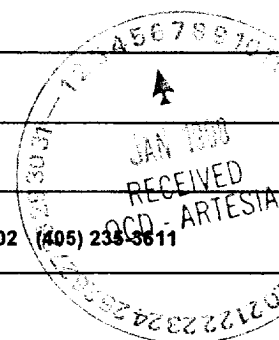
SUBMIT IN TRIPLICATE

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) 233-3611

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)
2310' FNL & 990' FWL of Section E-35-18S-31E



5. Lease Designation and Serial No.
NM-1019+ NM-10190

6. If Indian, Allottee or Tribe Name
NA

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

8. Well Name and No.
East Shugart Unit #12

9. API Well No.
30-015-05694

10. Field and Pool, or Exploratory Area
Shugart (Y-SR-Q-G)

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 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 checked="" type="checkbox"/> Other Run MIT	<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.)*

(1) RU pump truck on casing
(2) Load csg with treated water and pressure test to 300 psi for 30 minutes.
We are requesting a 12 month TA status while evaluating for use in a waterflood.
The BLM will be notified 24 hours prior to testing.

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

Signed Diana Keys Title Engineering Technician Date November 17, 1997

(This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

Approved by _____ Title PETROLEUM ENGINEER Date JAN 05 1998

Conditions of approval, if any:
SEE ATTACHED FOR CONDITIONS OF APPROVAL