

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
311 S. ... St.
Albuquerque, NM 87102-2338

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

45F

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

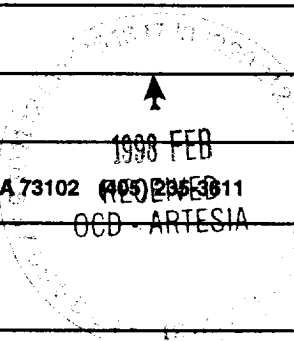
SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other WTW

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3111

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FNL & 2230' FEL, Unit "B", Section 35-T18S-R31E



5. Lease Designation and Serial No.
NM-10191

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 #52

9. API Well No.
30-015-27946

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

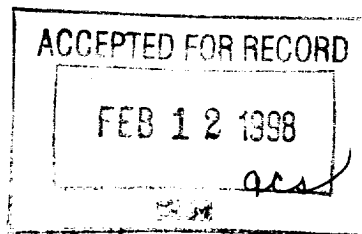
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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 checked="" 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.)*

Administrative Order #WFX-683

Work began 10/13/97. Tested tbg. RU Wedge WL & perforated Queen formation @ 3703', 04', 05', 07', 08', 3709', 3810', 16', 54', 55', 56', 58', 60', 65', 66', 70', 71', 72', and 3873'. Acidized Queen perfs w/400 gals xylene & 4000 gals 15% NEFE acid + 2400 # rock salt. ISIP 1390#. RIH w/5-1/2" x 2-3/8" Nickle plated injection packer and 115 jts plastic coated tbg, Set pkr @ 3604' w/10K tension, tstd pkr 300 psi for 15 min. Turned to injection 10/15/97, Injecting into Queen perforations 3701-3875'.



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

Signed Diana Keys
(This space for Federal or State office use)

Diana Keys

Title Engineering Technician

Date 1/29/98

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

