

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
311 S. 1st St.  
Albuquerque, NM 87102-2834

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM10193
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)	6. If Indian, Allottee or Tribe Name NA
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	7. If Unit or CA, Agreement Designation 14-08-001-11572
4. Location of Well (Footage. Sec., T., R., M., or Survey Description) 330' FSL & 780' FEL, SEC. P-34, T18S, R31E	8. Well Name and No. EAST SHUGART UNIT #86
	9. API Well No. 30-015-29917
	10. Field and Pool, or Exploratory Area SHUGART (Y-SR-Q-G)
	11. County or Parish, State EDDY, 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Clarify BOP Equip.
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)\*

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 change.

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

Signed <u>E.L. Buttross, Jr.</u>	E.L. Buttross, Jr.	
(This space for Federal or State office use)	Title <u>District Engineer</u>	Date <u>11/4/97</u>
Approved by <u>ORIG. SGD. DAVID R. GLASS</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>NOV 13 1997</u>
Conditions of approval, if any:		

RECEIVED

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ROSWELL OFFICE