Form 3160-5 (June 1990)

Conditions of approval, if any:

## UN D STATES DEPARTMENT OF THE INTERIOR DEPARTMENT OF LAND MANAGEMENT

N.M. Oil Com. Di sio.

10-2834

ORM APPROVED

251.

SUNDRY MOTICES AND REPORTS ON WELLS  On 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 Woll	BUREAU OF L	AND MANAGEMENT 18	Budget Bureau No. 1004-0135 Expires March 31, 1993
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	SUNDRY NOTICES	AND REPORTS ON WELLS	
Use "APPLICATION FOR PERMIT—" for such proposals  SUBMIT IN TRIPLICATE  NA  7. If Unit or CA, Agreement Designation  14-08-001-11572  8. Valid Name and No.  2. Address and Telephone No.  2. Agreement Designation  14-08-001-11572  8. Valid Name and No.  2. Apr Wall No.  2. Apr Wall No.  2. Apr Wall No.  2. Apr Wall No.  3. OF C— (15—2/2(1))  3. Address and Telephone No.  4. Location of Well (Protage No. T. R. M., or Survey Description)  3. Address and Telephone No.  3. C— (15—2/2(1))  4. Location of Well (Protage No. T. R. M., or Survey Description)  3. Address and Telephone No.  4. Location of Well (Protage No. T. R. M., or Survey Description)  3. Address and Telephone No.  4. Location of Well (Protage No. T. R. M., or Survey Description)  3. Housian of Well (Protage No. T. R. M., or Survey Description)  3. Address and Telephone No.  4. Location (Well (Postage No. T. R. M., or Survey Description)  3. Address and Telephone No.  4. Location (Well (Postage No. T. R. M., or Survey Description)  3. Notice of Infant  3. Address and Telephone No.  4. Location (Protage No. T. R. M., or Survey Description)  4. Location (Protage No. T. R. M., or Survey Description)  4. Location (Protage No. T. R. M., or Survey Description)  5. Notice of Infant  4. Location (Protage No. T. R. M., or Survey Description)  5. Subsequent Report  6. Plant (Protage No. T. R. M., or Survey Description)  7. Non-Routine Fracturing  8. Address and Telephone No.  8. Non-Routine Telephone  9. Non-Ro			NM10193
Type of Well	Use "APPLICATION FO	R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
Type of Well	SUBMIT IN TRIPLICATE		NA
2. Name of Property DEVON ENERGY CORPORATION (NEVADA) 3. Address and Telephones No. 2. NoRTH BROADWAY, SUITE 1590, OKLAHOMA CITY, OKLAHOMA 73102 (405) 238-3811 4. Location of Well (Footage, Sec., T. R., M., or Survey Description) 330' FSL & 780' FEL, SEC. P-34, T18S, R31E  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  Abandonment  Notice of Intent  Recompletion Recompletion Recompletion Plugging Back Plugging Back Casting Repair  Plugging Back Other Clasing Repair Conversion to Injection Disposes Water Confidence on Well Confidence (Cherty state all personal details, and give personal date of stating early proposed work. If well is directionally drilled, give subsurface blocations and managed and two versual depths for all mentals and zero perfinitor 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.  E.L. Battross, Jr. Talle District Engineer  Date 114:927  Date 114:927			
2. Name of Operation DEVON EMERGY CORPORATION (NEVADA) 3. Address and Telephono No 2. NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611 4. Location of Well (Footages See, T. R. M., or Survey Description) 330' FSL & 780' FEL, SEC. P-34, T18S, R31E  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Recompletion Plugging Back Plugging Back New Construction N	1. Type of Well  Oil Gas Other  Well Other		
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611  3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  3. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Abandonment  Recompletion  Plugging Back  Casing Repair  Albering Casing  Other Clearly Robe Equip.  Other Clearly Robe Equip.  Other Clearly Robe Equip.  Describe Proposed or Completed Operations (Clearly state all pertnern details, and give pertners dates, including entermated date of starting way proposed work. If well is directions and monograd ultra- world keptak for all merkers and zone pertners 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.	3. Address and Telephone No.		EAST SHUGART UNIT #86  9. API Well No. 30-015-29917
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  Notice of Intent  Recompletion  New Construction  Non-Routine Fracturing  Subsequent Report  Plugging Back Other Clarify BOP Equip.  Other Clarify BOP Equip.  Other Clarify BOP Equip.  Dispose Water  Abandonment Added of starting any proposed work. If well is directionally drilled, give substantial contions and measured and true vertical depths for all markers and zones pertinent to this work. If  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.			
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Abandonment  Abandonment  Change of Plans  Now Construction  New Construction  New Construction  New Construction  New Construction  Casing Repair  Final Abandonment Notice  Final Abandonment Notice  Other Clarify BOP Equip.  Other Clarify BOP Equip.  Other Clarify BOP Equip.  Completes or Recompletion on Well Completes or Recompletion on Well Completes or Recompletion for Work of Well is directionally drifted, give substantial 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.	4. Location of Well (Footage. Sec., T., R., M., or Survey De	scription)	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent	330' FSL & 780' FEL, SEC. P-34, T18S, R31E		
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent			
TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Abandonment Recompletion Subsequent Report  Recompletion Subsequent Report  Casing Repair Altering Casing Other Clarify BOP Equip. Other Clarify BOP Equip. Other Clarify BOP Equip. Other Report results of multiple completion on Well Completion or Recompletion or R			EDDY, NIM
TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Abandonment Recompletion Subsequent Report  Recompletion Subsequent Report  Casing Repair Altering Casing Other Clarify BOP Equip. Other Clarify BOP Equip. Other Clarify BOP Equip. Other Report results of multiple completion on Well Completion or Recompletion or R	CHECK APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA
Subsequent Report    Recompletion   New Construction   Non-Routine Fracturing   Water Shut-Off   Casing Repair   Water Shut-Off   Other Clarify BOP Equip.			
Subsequent Report    Recompletion   New Construction   Non-Routine Fracturing   Water Shut-Off   Casing Repair   Water Shut-Off   Other Clarify BOP Equip.	Notice of Intent	Abandonment	Change of Plans
Casing Repair   Choice Report results of multiple completion on Well Dispose Water (Note: Report results of multiple completion on Well Casines and measured and true vertical depths for all markers and zenes pertinent datas, 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 zenes 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.	Notice of frient		
Final Abandonment Notice   Altering Casing   Dispose Water	Subsequent Report	Plugging Back	
Other Clarify BOP Equip.  Other Clarify BOP Equip.  Other Clarify BOP Equip.  Dispose Water  Note: Report state of multiple completion on Well Completion or Recompletion on Well Completion or Recompletion or Well Scatter 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.	<b>-</b>		=
(Note: Report results of multiple completion on Well Completion (Potential 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.  RECEIVED A 252622 Completed Operations (Note: Report results of multiple completion on Well Completion (Potential State of the Well is directionally drilled, give subsurface 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.  RECEIVED A 252622 Completed Operations (Note: Report results of multiple completion recompletion reco	Final Abandonment Notice		
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  E.L. Buttross, Jr.  Title District Engineer Date 11/4/97  [Print Space for Federal or State office use]		Other Clarity BOT Equip.	(Note: Report results of multiple completion on Well
14. I hereby certify that the foregoing is true and correct  Signed Signed District Engineer  E.L. Buttross, Jr.  Date 11/4/97  (This space for Federal or State office use)	locations and measured and true vertical depths for all markers  The BOP listed in the APD as 3000	psi working pressure is only being used due equired. We would like to amend our APD	to availability. A 2000 psi to reflect this change.
	Signed E. J. Billions Ju	E.L. Buttross, Jr.	
	(This space for Federal or State office use)  Approved by (ORIG. SGD.) LES BAB	YAK Title FTROLFUM ENG	NEEF NOV 2 0 1997