

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

W. M. O'Connell, Director  
Bureau of Land Management  
Washington, D.C. 20250

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) 235-3611**

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)  
**330' FSL & 780' FEL of Section 34-T18S-R31E, Unit "P"**

5. Lease Designation and Serial No.  
**NM 10193**

6. If Indian, Allottee or Tribe Name  
**NA**

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

8. Well Name and No.  
**East Shugart Unit 86**

9. API Well No.  
**30-05-29917**

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

11. County or Parish, State  
**Eddy, NM**

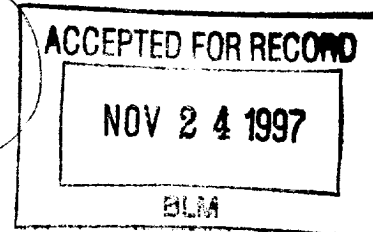
**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input 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>Name Change</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.)\*

Per the New Mexico OCD request,  
Notification of name change from  
**East Shugart Unit 26-X**  
to  
**East Shugart Unit #86**



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

Signed Diana M. Keys Title Engineering Technician Date November 3, 1997  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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RECEIVED AND NOTED  
ROSWELL OFFICE