

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Com. Division
111 S. 1st St.
Albuquerque, NM 87102-2834

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

C/SF

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

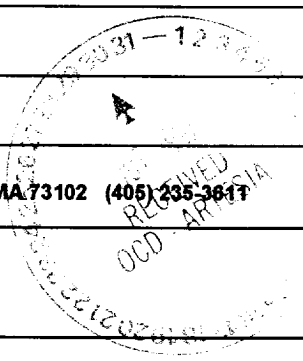
SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other Injection Well

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)
1650' FNL & 330' FWL, Sec. 20-17S-31E



5. Lease Designation and Serial No.
LC-029395-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Turner B #42

9. API Well No.
30-015-05278

10. Field and Pool, or Exploratory Area
Grayburg Jackson

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 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 type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input checked="" 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.)*

This well was converted to water injection well as follows:

10/1/97 to 10/6/97 – MIRU. Ran bit & scraper. Repaired 8 5/8" casing head.

10/7/97 – Acidized perfs 3318'-3391' w/3000 gals 15% HCl acid.

10/8/97 – Perf'd Grayburg & Premier zones @ 2710', 14, 18, 35', 38', 45', 47', 91', 94', 2802', 05', 34', 36', 44', 56', 58', 68', 72', 2997', 3001', 06' and 13' (22 holes).

10/10/97 – Acidized perfs 2928'-3068' w/3000 gals 15% HCl acid + 4100# rock salt. Acidized perfs 2710'-2872' w/1800 gals 15% HCl acid + 2000# rock salt.

10/13/97 – Ran 5 1/2" nickel plated AD-1 pkr & 2 3/8" IPC tubing. Ran chart for OCD.

10/16/97 – Began injecting.

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

Signed Karen Byers
(This space for Federal or State office use)

Karen Byers
Title Engineering Technician

Date 10/21/96

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

BUREAU OF LAND MANAGEMENT
ROSWELL OFFICE

1997 OCT 23 A 4:42

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