

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

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

311 S. 1st Street
Albuquerque, NM 83210

| |
|---|
| 5. Lease Designation and Serial No. 10-2834 LC-029426-A |
| 6. If Indian, Allottee or Tribe Name |
| 7. If Unit or CA, Agreement Designation |
| 8. Well Name and No. H. E. West "A" #5 |
| 9. API Well No. 30-015-05064 |
| 10. Field and Pool, or Exploratory Area Grayburg Jackson |
| 11. County or Parish, State Eddy County, NM |

SUBMIT IN TRIPLICATE

| |
|---|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u> |
| 2. Name of Operator DEVON ENERGY CORPORATION (NEVADA) |
| 3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-9511 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FEL, Sec. 4-17S-31E |

1998 FEB
RECEIVED
OCD - ARLES

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 <u>Cleaned out & acidized</u> |
| | <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.)*

Work was done on this well as follows:

1/17-20/98 - Cleaned out to 4016' (PBTD).

1/21-23/98 - Acidized 3170'-3920' w/5200 gals 15% HCl acid. Acid block 3170'-3671' w/2000 gals 15% HCl acid + 4000# rock salt. Swabbed.

1/24/98 - Ran Guiberson nickle plated pkr on 2 3/8" IPC tubing & set @ 3145'. Tested to 300 psi for 15 min.

1/26/98 - Returned to injecting.

ACCEPTED FOR RECORD
FEB 20 1998
VBS
BLM

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

Signed Karen Byers Title Engineering Technician Date 2/11/98
(This space for Federal or State office use)

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