

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTN.M. Operations Division
P.O. Box 1980
Hobbs, NM 88241FORM 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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u>	5. Lease Designation and Serial No. NM-NM052
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	7. If Unit or CA, Agreement Designation Mescalero Ridge Ut 891007465B
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FWL, Unit K, Section 35-T19S-R34E, Lea Cnty, NM	8. Well Name and No. MESCALERO RIDGE 35 UNIT #8
	9. API Well No. 30-025-20695
	10. Field and Pool, or Exploratory Area Pearl (Queen)
	11. County or Parish, State Lea County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" 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>Replace injection line & return to injection</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.)*

02-12-98 thru 02-27-98 RU Ram WSC. NU BOP. Released packer at 4433'. TOH with packer and 2 3/8" IPC tubing. Fish at 4817' (packer left in hole). Ran bit and DC's, tagged up at 4516'. Cleaned out sand scale to 4817' and tagged top of fish. Circ'd hole clean. Ran washover shoe, jars, etc. Cut over fish and pushed to 4827'. TOH with BHA and portions of fish. RU power swivel. Alternately drilled and circ'd to 5112' with recoveries of iron, steel, metal, iron sulfide, cement, rubber, etc.

TIH with RBP/packer combination, set at 4400'. Press tested casing to 1000 psi, held OK. Released packer. Press tested annulus to 1000 psi for 1 hr, held OK. TOH with RBP/packer combination. Ran treating packer, set at 4400'. RU BJ Services. Acidized perfs 4580-5102' down tubing with 4000 gals 10% HCl + 2000# Tri-Mix rock salt at AIR 6 BPM with 1400 psi. ISIP 1138 psi. Flowed and swabbed to recover load water. Press tested casing to 1000 psi for 1 hr, held OK. Released treating packer and TOH with same.

Ran injection Lok-Set packer and 2 3/8" IPC tubing. Packer set at 4365.17'. Press tested annulus to 500 psi for 30 mins, held OK. Notified OCD of test. See attached chart. WO replacement injection line.

03-04-98 thru 03-14-98 Replaced injection line. **Resumed injection 03-13-98.** Press 1000 psi, 820 BWPD.

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

Signed Candace R. Graham

Candace R. Graham

Title Engineering TechnicianDate April 1, 1998

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____



RECEIVED
APR 9 88
ROSWELL, NM

