

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. CO. MISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-13280
2. Name of Operator Devon Energy Corporation (Nevada)	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 20 N. Broadway, Suite 1500, OKC, OK 73102-8260 (405) 235-3611	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit L, Sec. 11-T20S-R33E, 2310' FSL & 900' FWL	8. Well Name and No. Smith Ranch 11 Federal #1
	9. API Well No. 30-025-31255
	10. Field and Pool, or Exploratory Area Teas (Bone Springs)
	11. County or Parish, State Lea Cnty, NM

12. 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>install gas lift system</u> and return to production
	<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.)*

08-13-94 thru 08-18-94 MI and RU Clarke WS pulling unit. Unseated pump. Pulled and LD rods and pump. Flanged BOP. Released TAC at 9056'. PU 10 jts tbg. Tagged bottom at 9467.39'. TOH. PU and ran Guiberson Uni-VI packer w/on-off tool and profile "F" nipple on 291 jts 2 7/8" tbg (9235.30') w/Howco gas lift valves. Set packer at 9301.50'. #1 Howco gas lift valve (bottom) at 9262.85', #2 at 8544.62', #3 at 7738.64', #4 at 6746.44', #5 at 5507.31'. Flanged wellhead. RD Clarke WS pulling unit. RU wellhead for gas lift system. Finished HU surface equipment. Started compressor. Filled annulus. Compressor discharge press 1100 psi, tbg press 40-900 psi. Put on choke. Well unloaded. Set bypass at 1025 psi. Compressor discharge press 800-900 psi, tbg press 300-100 psi.

08-19-94 Flowed 90 BO, 0 MCF, 3 BW, in 24 hrs, on gas lift. Tbg press 150 psi, csg press 625 psi.

08-20-94 Flowed 14 BO, 0 MCF, 31 BW, on gas lift.

08-21-94 Flowed 13 BO, 9 MCF, 26 BW, on gas lift.

08-22-94 Flowed 16 BO, 0 MCF, 17 BW, on gas lift.

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

Signed Candace R. Graham

Candace R. Graham

Title Engineering Tech. X4515

Date 08-23-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____