

C/SF

Form 9-331 (May 1963)

UNITED STATES

RECEIVED BY  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)  
OCT 29 1984  
ARTESIA, OFFICE

Form approved.  
Budget Bureau No. 42-R1424.

Drawer DD DEPARTMENT OF THE INTERIOR  
Artesia, NM 88210 GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM-28145

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
JFG ENTERPRISE ✓

3. ADDRESS OF OPERATOR  
P.O. Box 100, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface:  
925' FNL & 2224' FEL Sec. 28 - T21S - R22E  
Eddy County, New Mexico

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Loafer Draw Fed.

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Loafer Draw

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 28-T21S-R22E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4408 ft. Ground

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Testing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

See attached sheet for work done and 4 Point Test



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

SIGNED James E. Long TITLE Partner DATE 9-14-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY  
OCT 23 1984

Alameda, NEW MEXICO

\*See Instructions on Reverse Side