

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR MOUNTAIN  
OF COPIES 8/100  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
N4160-3160-4

057

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 8910142750	
2. NAME OF OPERATOR JFG Enterprise		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Nm 06407-A	
3. ADDRESS OF OPERATOR P.O. Box 100, Artesia, NM 88210		7. UNIT AGREEMENT NAME East Henshaw Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 2310' FWL, Unit letter S, Section 1, T16S, R30E, Lot 19, Eddy County, New Mexico		8. FARM OR LEASE NAME East Henshaw Unit Tract 26	
14. PERMIT NO.		9. WELL NO. 26-4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3940 GL		10. FIELD AND POOL, OR WILDCAT West Henshaw Grayburg	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 1, T16S, R30E, Lot 19	
12. COUNTY OR PARISH Eddy		13. STATE NM	

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Casing integrity test	<input type="checkbox"/>		<input type="checkbox"/>
(Other)	<input type="checkbox"/>			(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.)							

5/11/90 Hughes Hot Oil unit- Installed chart recorder. Pressure 900# on casing. No tubing in hole. Casing good. Jim Amos of Bureau of Land Management witnessed.

RECEIVED  
MAY 17 10 21 AM '90  
CARLSBAD AREA OFFICE

ACCEPTED FOR RECORD

JUN 11 1990

CARLSBAD, NEW MEXICO

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

SIGNED <u>X. M. Fletcher</u>	TITLE <u>Partner</u>	DATE <u>5/15/90</u>
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(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: