

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR MMT  
OF COPIES RETURNED  
(Other instructions on re-  
verse side)

MM Roswell District  
Modified Form No.  
N160-3160-4

clsf

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection well (T.A.)	7. UNIT AGREEMENT NAME East Henshaw Unit
2. NAME OF OPERATOR JFG Enterprise	8. FARM OR LEASE NAME West Henshaw Grayburg
3. ADDRESS OF OPERATOR P.O. Box 100, Artesia, N.M. 88210	9. WELL NO. 18-4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 3300' FSL & 1980' FWL, Unit letter N, Section 1, T16S, R30E, Lot 14, Eddy County, N.M.	10. FIELD AND POOL, OR WILDCAT West Henshaw Grayburg
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3933 GL
12. COUNTY OR PARISH Eddy	13. STATE NM

MAY 30 '90

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

NOTICE OF INTENTION TO:

ARTESIA, OFFICE

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Casing integrity test	

(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- Pressured casing to 500#. Held okay. Witness by Jim Amos of Bureau of Land Management.

WELL T.A.

RECEIVED  
MAY 17 10 21 AM '90  
CARTER  
ARL

APPROVED FOR 12 MONTH PERIOD

ENDING 5/31/91

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

SIGNED J. B. L. L. L. TITLE Partner DATE 5/15/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 5-25-90  
CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like  
By

\*See Instructions on Reverse Side

RECEIVED

MAY 17 10 22 AM '90

CARLSBURG GURGE  
AREA HEADQUARTERS

