

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TWO COPIES\*  
(Other Instructions on Reverse Side)Form approved:  
Budget Bureau No. 42 H1424  
5. LEASE DESIGNATION AND SERIAL NO.

LC-057674 (a)

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JFG ENTERPRISES	8. FARM OR LEASE NAME Daughterity
3. ADDRESS OF OPERATOR P.O. BOX 100, ARTESIA, N.M. 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330" FNL & 2310' FEL Sec. 10, T17S, R27E	10. FIELD AND POOL, OR WILDCAT Daughterity-San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T17S, R27E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3430	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

## 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Perf. & Completing <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.)\*

10/22/77: Rigged up & Logged. Ran compensated Gamma Ray Nuetron.  
10/26/77: Rigged up & Perforated. 1 shot per ft. 1808-1812: 1860-1864:  
1998-2002: 2007-2010: 2015-2018: 2024-2028: 2032-2036:  
Acidized with 3000 gal. 15% Acid.  
10/27/77: Fraced well with 60000 gal slick water KCL. & 95000# Sand. Peak  
rated 66 BPM & 2# Sand per gal.: Shut in.  
10/31/77: Ran tubing rods & started pumping frac water back.

RECEIVED  
DEC 6 1977  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED James E. Stang TITLE Partner DATE 11-1-77

(This space for Federal or State office use)

APPROVED BY Lee S. Lara TITLE ACTING DISTRICT ENGINEER DATE DEC 7 - 1977  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side