ITED STATES

SUBMIT IN 'A LICATE*

(Other instructions on re-

Form approved.
Budget Bureau No. 42-R1424.

	5. LEASE DESIGNATION AND SERIAL NO.		
	NM-0558581 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	DRY NOTICES AND REPORTS		
(Do not use this	form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such	proposals.)	
1.			7. UNIT AGREEMENT NAME
WELL X GAS WELL	OTHER	IUN 92 1097	
2. NAME OF OPERATOR		3011 2 = 1301	8. FARM OR LEASE NAME
JFG Enterprise O. C. D.			Beeson Federal
ADDRESS OF OPERATOR		ARTESIA, OFFICE	J. WELL NO.
P.O. Box 100, Artesia, NM 88211-0100 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
See also space 17 belo At surface		•	Grayburg-Jackson-Sh-6
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
2310 FNL & 2310 FEL of Section 33 (Unit G-SW/4 NE/4)			
			Sec. 33, 17S, 30E
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3605	-	Eddy NM
.6.	Check Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data
:	NOTICE OF INTENTION TO:	SUBSEQ	CENT REPORT OF:
	PP PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-O FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT* XX
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(Note: Report result Completion or Recomp	s of multiple completion on Well pletion Report and Log form.)
·	Pump 60 sk. plug. Pump at Install dry hole marker. 60 sk. plug at 936 ft. Tru 60 sk. plug at 653 ft. Tru	e fill should be 230 f e fill should be 235 f	Et. plug.
	R5 0 sk. plug at 200 ft. Fil Total 180 sks. Cl. "C" Ceme 8 5/8" casing set 576 ft.	I casing to surface. nt.	
JUN 1 5 1987	8 J/8 Casing set J/0 It.		
JS SBAD, NEW MEX	Plugging orders: Verbal by	Shannon Shaw	
	Carlsbad, New Mexico	:	
	Plugging inspected by Vince	Balderaz.	Contract the second
18. I hereby certify that	the foregoing is true and correct		· · · · · · · · · · · · · · · · · · ·
SIGNED	my Thitle_	Partner	DATE6-1-87
(This space for Fede	eral or State office use)		
APPROVED BY	TITLE		DATE
CONDITIONS OF A	PPROVAL, IF ANY:		Post ID 2
			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

*See Instructions on Reverse Side

force. Ladil

6-12-87 P+A

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