(This space for Federal or State office use)

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

SUBMIT IN TRIPLICATE.

Form approved.

DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY				Te-Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.  NM-0467932		
SUNDRY NOT  (Do not use this form for propos Use "APPLICA"	ICES AND REPORT	IS ON WELLS olug back to a different resuch proposals.)	6. IF I	NDIAN, ALLOTTEE OR TEI	BE NAME	
OIL X GAS OTHER		RECEIVED BY	7	T AGREEMENT NAME		
2. NAME OF OPERATOR  JFG ENTERPRISE		<b>SEP 1</b> 8 1985	8. FAR	M OR LEASE NAME		
3. ADDRESS OF OPERATOR			Br 9. WEL	own Crow Fed		
P.O. Box 100, Artesia  4. LOCATION OF WELL (Report location of See also space 17 below.) At surface	, NM 88210 learly and in accordance with	O. C. D.  ANY SHERIPANCERICE		2 ILD AND POOL, OR WILDON	_	
330' FSL & 660' FEL Eddy County, New Mexic		-30E,	11. sec	ayburg-Jackson ., T., B., M., OR BLK. AND SURVEY OR AREA O' FSL & 660'	FEL	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	,		C. 21, T-17S, INTY OR PARISH 13. ST.	R-30E	
16. Check Ar	propriate Box To Indica		Ede			
NOTICE OF INTEN		te inditite of inofice, f	subsequent repo			
FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPEN proposed work. If well is direction nent to this work.)*  8-31-85 - Spud.: Drill ST&C Cac.	and dimed, give substitute	(Note: I Complete timent details, and give pe locations and measured and to 448 ft. Ran ft. Cemented will lug down @ 3:00	ATMENT  ACIDIZING  Unning Pipe -  Report results of multiple on or Recompletion Report results of multiple of the recompletion	ple completion on Well ort and Log form.)  g estimated date of star for all markers and zon  8" 23# 8-rd  ass C, 2%  Let cement	ting any	
C.A	SEP 11 1985					
18. I hereby certify that the foregoing is		_				
SIGNED Z. 17. 2 City	TITLE	Partner	T) 4	√m 9−9−85		

DATE \_