

43F

NM OIL CONS. COMMISSION  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0467932

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brown Crow Fed

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson-Sk-D-6-Sk

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

330' FSL-660' FEL

Sec. 21, T-17S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

**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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
JFG ENTERPRISE

3. ADDRESS OF OPERATOR  
P.O. Box 100, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330' FSL & 660' FEL, Sec. 21, T-17S, R-30E,  
Eddy County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3624.5 GR.

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

NOTICE OF INTENTION TO:

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 PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

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)	Reach TD, Ran 5 1/2"		

(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.)\*

9-6-85 Reached TD 3300 ft. at 6:45 p.m. 9-5-85; Circulated hole 3 hrs.  
Logged well with "Compensated Neutron Density Log" at 5:00 a.m.  
9-6-85. Laying down drill pipe to run casing at report time.

9-7-85 Ran 89 jts. 5 1/2" 15.5# J-55 8-rd ST&C R-3 Casing; 3329 ft.  
TD 3300 ft. Ran Float Shoe and 15 Centralizers: Cemented with  
600 Sx. 50/50 Poz., 6# Salt, Plug-Down at 12:15 p.m.: Set Slips,  
Jet Pit, Release Rig @ 3:00 p.m. 9-7-85: Pressure plug to 1500 PSI:  
Plug Held.

9-8-85 Waiting on Cement.

9-9-85 Waiting on Rig Move.

9-10-85 Waiting on Rig Move.

ACCEPTED FOR RECORD

SEP 11 1985

CAPITOL, NEW MEXICO

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

SIGNED L. J. Fletcher

TITLE Partner

DATE 9-9-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: