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# NEW MEXICO OIL CONSERVATION COMMISSION

406 1-1379

O. O. C.  
ARTESIA, OFFICE

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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" (FORM C-101) FOR SUCH PROPOSALS.)

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 Kuklah Baby
3. Address of Operator BOX 100, ARTESIA, N.M. 88210	9. Well No. 1
4. Location of Well UNIT LETTER G, 2310 FEET FROM THE North LINE AND 1650 FEET FROM East THE LINE, SECTION 24 TOWNSHIP 22 S RANGE 26 E NMPM.	10. Field and Pool, or Wildcat South Carlsbad Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3185	12. County Eddy

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Complete ☒

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER Change in Ownership ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well was drilled by Corrinne Grace, P.O. Box 1418, Carlsbad, N.M. 88220

Well has never been completed.

We plan to complete and establish production, place on pump, rods and pumping unit.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED X. G. G. G. G. TITLE Agent DATE 8-1-79

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE AUG 3 1979

CONDITIONS OF APPROVAL, IF ANY: