

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-24513

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LH 2395

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
J & G Enterprise Ltd., Co.

3. Address of Operator
PO Box 100, Artesia, NM 88210

4. Well Location
Unit Letter G : 1980 Feet From The 1980 N Line and 1980 Feet From The East Line

Section 32 Township 24S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3350 GR

7. Lease Name or Unit Agreement Name

New Mexico "DM" State

8. Well No. 1

9. Pool name or Wildcat
Sulphate Draw Delaware

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

13 3/8" @ 619' Circulated
8 1/2" @ 2097' Circulated
5 1/2" @ 5993' - CI Plug @ 5470' - CI Plug @ 3740' - CI Plug @ 3178'
CI Plug @ 2240' - TOC 1535'
1. RIH cut 5 1/2" casing @ 1400' - Pull 5 1/2" casing -
2. RIH with tubing - set Cement Plug 1450' to 1350' **TAG**
100' Plug 660' - 560' - 10 sack Surface Plug. **TAG**
3. Install Dry Hole Marker - Clean Location

Notify N.M.O.C.C. in sufficient time to witness

TAGS

Plugging mud between plugs

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

SIGNATURE

J T Jackson

TITLE

President

DATE

10-28-94

TYPE OR PRINT NAME

J T Jackson

TELEPHONE NO. 505-746-9680

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

NOV 4 1996

CONDITIONS OF APPROVAL, IF ANY: