Submit 3 Copies
to Appropriate
District Office

State of New Mexico Energy, nerals and Natural Resources Department

Form C	-103
Revised	1-1-89

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

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

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088					
Santa F	e, New	Mexico	87504-2088		

well api no. 30–015 -03021	23021

5. Indicate Type of L	STATE X	•	FEE	
6 State O'l A Gas I	N-			

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V=2991	
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	DR PLUC RECCEIVES 7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil OAS WELL X OTHER	SEP 26:94 MILEPOST COM	
2. Name of Operator JFG ENTERPRISE	O. S. Well No.	
3. Address of Operator PO BOX 100, ARTESIA, NEW MEXICO 88	9. Pool name or Wildcat MILEPOST MORROW	
4. Well Location		
Unit Letter A: 660 Feet From The EAST	Line and 660 Feet From The NORTH	Line
Section 36 Township 26S Ra		nty
10. Elevation (Show whether 3393. DI	Y///////////	
	Vature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONME	чт [
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	_ [
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103.	d give pertinent dates, including estimated date of starting any proposed	
13-3/8" CASING SET @ 400' 10-22-79 - CEMENT CIRC 8-5/8" CASING SET @ 5200' 11-7-79 - CEMENT CIRC 5-1/2" CASING SET @ 10,390' 11-26-79 900 SACKS @ PERF 10,014' to 10,130' PLAN TO SET CIBP @ 10,000' W/35' CEMENT ON TOP SET 100' PLUG @ 7500' SET 100' PLUG @ 5250' CUT & PULL 4800' 5-1/2" CASING SET 100' PLUG @ 4750' to 4850' SET 100' PLUG @ 400'.	EMENT TOP 4900'	
SET 100 PLOG @ 400 . SET 10 SACK PLUG @ SURFACE CUT WELL HEAD - INSTALL DRY HOLE MARKER CLEAN LOCATION		
I hereby certify that the information above is true and complete to the best of my knowledge and	PARTNER DATE 9-23-94	
SIONATURE	TELEPHONE NO. 746-96	
TYPE OR PRINT NAME J.T. JACKSON	TELEPHONE NO. 740-90	,00

(This space for State Use)

SUPERVISOR, DISTRICT II

OCT 1 1 1994

APTROVED BY -CONDITIONS OF APPROVAL, IP ANY: