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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. LG-865
7. Unit Agreement Name
8. Farm or Lease Name Mescalero "PU" ST
9. Well No. 1
10. Field and Pool, or Wildcat Mescalero, San Andres
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR ORIGINALS TO BE FILED IN THE FIELD OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - (FORM C-101) 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

4. Location of Well
UNIT LETTER **P** **330** FEET FROM THE **East** LINE AND **330** FEET FROM
THE **South** LINE, SECTION **15** TOWNSHIP **10 S** RANGE **32 E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

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.

Reached TD- 4404 ft. 12/18/81
Plug Back TD- 4300 ft.
Logged: Sidewall Neutron: Gamma Ray- Caliper and Dual Laterlog-Microlaterlog:
Ran 4300 ft. 4 1/2" 11.6# J-55 Casing.
Cemented with 200 SX Class C cement
200 SX po2 mix A: 7SX Gel: 8# Bulk Salt
Ran 10 centralizers: 1 - Latch Down Float Shoe
Plug down at 8:00 a.m. 12/18/81.
Released rig: waiting on cement.
Completion rig expected after 12/25/81.

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

SIGNED James Guy TITLE Partner DATE 12/21/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: