Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals 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
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-025-31348

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No. VA-0-0002 VA-0-0003

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.)

7. Lease Name or Unit Agreement Name: Stetson

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

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

8. Well No. 1

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

9. Pool name or Wildcat: Wildcat (Atoka-Morrow)

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

Section 26 Township 12S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4320.3 GLE

11. 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	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Re-entry	☒		

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. 8-13-96

1. Drilled Cement Plugs and clean out to 10947'.
2. Ran 4½" 11.6# N-80 Casing to 10929' (253 Jts) 8-21-96
3. Cemented w/ 815 Sacks 50-50 Poz Class H w/2% Gel
   Plug Down @ 3PM 8-22-96 TOC 8700'
4. Release Rig 8-22-96
5. Start Completion 1st week sept if rain ceases

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 8-28-96

TYPE OR PRINT NAME J T Jackson TELEPHONE NO. 505-746-9666

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 01 1996

CONDITIONS OF APPROVAL, IF ANY: