

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPPLICATE

DUPLICATE 1004-1
Expires August 31, 1985

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—" 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 ENTERPRISE	8. FARM OR LEASE NAME WATTAM FEDERAL
3. ADDRESS OF OPERATOR P.O. Box 100, ARTESIA, NM 88210	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL OF SECTION	10. FIELD AND POOL, OR WILDCAT CATA SAN ANDRES
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 6, T. 8S, R. 31E, N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4214' GR	12. COUNTY OR PARISH CHAVES
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) TEMPORARY ABANDONMENT	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

REQUEST PERMISSION TO TEMPORARILY ABANDON.

18. I hereby certify that the foregoing is true and correct

SIGNED **X. M. Fletcher** TITLE **PARTNER** DATE **2/7/89**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
APPROVED FOR **12 MONTH PERIOD**
ENDING **MAR 20 1990**
*See Instructions on Reverse Side

APPROVED DATE PETER W. CHESTER MAR 20 1989 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

RECEIVED

MAR 21 1989

OCD
MOBBS OFFICE