Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088

1				Form C-105 Revised 1-1-89							
.	WE	LL API N).				$\neg \neg$				
	30-025-02764										
	5. Indicate Type of Lease STATE FEE X										
	6. State Oil & Gas Lease No.										
		777777	7777777	777	////		777				
	7. Lease Name or Unit Agreement Name										
	The second secon										
	Humble Townsend										
	8. Well No.										
	9. Pool name or Wildcat										
	То	wnsend	Permo	Upp	er P	enn					
660)	Feet	From The _		E		Line				
ì	IM P	M .	Lea			Coun	ity				
18 (E	F&	RKB, RT, C	GR, etc.)	14.	Elev. C	asinghead					
5_0)F			<u></u>							
rvali ilod i	ву	Rotary To		<u>i</u> _	ble Tool						
			20. Was Dis		nal Surv	ey Made					
		22 31/ 11	N-W G4	0							
		ZZ. Was v	Vell Cored								
. : -		-11\									
		ell)	RECORD		AMC	DUNT PU	LLED				
	LAIVE										
		Circ									
		4410									
1			IIDDIC E	F.C.	ND P						
25		****	UBING RI			DACTO					
\vdash		<u>size</u> 3/8"	104			PACKE	(3ET				
+-	۷-	2/0	104	40							
io	Γ, F	RACTU	RE, CEME	NT.	, SQU	EEZE, E	TC.				
/AL			UNT AND I								
		·	·								
			-								
mp)			Well S	tatus	(Prod.	or Shua-in)					
			Prod		ng		D				
25 -			Water - Bbl	.		Gas - Oil	K2U0				
	1 Wat	() er - BbL	12 Oil G	nivir	v - API	- (Corr.)					
1	👊	Don		,	,	1 7					
		Test	Witnessed B	y							
		J.T	. Jacks	on							

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210								5. Indicate Type of Lease STATE FEE XX 6. State Oil & Gas Lease No.								
DI:	STRICT III 00 Rio Brazos Rd., Azi	tec, NM 874	10							6. 5	tate Oil & C	ias Lease N	0.			
WELL COMPLETION OR RECOMPLETION REPORT AND LOG																
la.	Type of Well: OIL WELL		WELL [DRY 🗌	OTHER					7. I	case Name	or Unit Agn	ement N	imė		
b. Type of Completion: NEW WORK PLUG DIFF WELL OVER DEEPEN BACK RESVE OTHER RE-Entry									Humble Townsend							
2.	Name of Operator									8. 1	Well No.					
J&G Enterprise Ltd. Co. (Formerly JFG Enterprise)									se)	9. Pool name or Wildcat						
3. Address of Operator P.O. Box 100, Artesia, NM 88210								Townsend Permo Upper Penn								
4.	Well Location				<u> </u>					TLOW	nsena i	erno o	pper	ream		
	Unit Letter	<u>D</u> :	660 Fee	t From The	N		Li	ne and	66	0	Feet Fro	om The	E	Line		
	Section	9		vnahip	16S	Range		35E		NMPM		Lea		County		
	• •			12. Date Co	-	o Prod.)		ł			KB, RT, GR	, etc.)	14. Elev. (Casinghead		
	5-4-94	5-11-9	94 ug Back T.D.		-23-94 17. If Multiple	Compl	low	4037	7.5 interva		lotary Tools		Cable To	ols.		
	Total Depth 10575'	10. FI	ug back 1.D.		Many Zon	cs?		'	Drilled	Ву		i				
19. Producing Interval(s), of this completion - Top, Bottom, Name 10386 - 10448 20. Was Directional Survey Made																
21. Type Electric and Other Logs Run								2	22. Was Well Cored							
23.				ania n	FCORR		4 - 11				11\					
		TVETC!		SING R		,						COPD	AM	OUNT PULLED		
CASING SIZE		WEIG	WEIGHT LB/FT. DEF				LE S	SIZE		CEMENTING RECORD Circ			AMOUNT TOLLED			
	7-5/8"	-	457							Circ						
5-1/2"				10575						4410'						
									-							
24.			T DA	ED DECO	PD	<u> </u>				5.	TIII	BING REG	CORD			
24.	SIZE	ТОР		NER RECORD BOTTOM SACKS C		EMENT SCREEN		- -	SIZE				PACKER SET			
										2-3/8"		10448'				
26.	Perforation reco	rd (interva	il, size, and	number)										JEEZE, ETC.		
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED										ERIAL USED						
10386 - 10448' Perforation																
28.					PRODU							Well Con	tue (Prod	. or Shut-in)		
	te First Production			ion Method (/			rk - 21	зе ала гурч	і рытр	"			·	. Ur Shin-ury		
_	5-25-94 te of Test	Hours Tes	Pumping	Choke Size	Prod'n F	or C	Dil - B	bl.	Gas	- MCF	W	Produ ater - Bbl.	cing_	Gas - Oil Ratio		
	le of Test 5-26-94	24 h	rs		Test Per		8	1		10		12	1	1 (6)		
Flo	w Tubing Press.	Casing Pr		Calculated 24 Hour Rate	- Oil - Bb	l.	G 	as - MCF	1	Water	- BbL	Oil Gra	vity - AP	1 - (Corr.)		
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold J.T. Jackson																
30. List Attachments																
31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief																
<i>3</i> 1.	i nereby certyy that	1	//		Printed									E 10 0°		
	Signature	1 /1	4/2/10	37	Name	J.T.	Jac	ckson		Title	Pres	laent	D	ste 5-18-95		

