Submit 3 Copies to Appropriate District Office

Energy

State of New Mexico als and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II Santa Fe, New Mexico 87504-208	0
P.O. Drawer DD, Artesia, NM 88210 Salita Fe, New Mexico 87504-208	5. Indicate Type of Lease
DISTRICT III	STATE FEE X
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
I. Type of Well: OIL OAS WELL OTHER SWD WELL	H.A. TOWNSEND AC/2
2. Name of Operator JFG ENTERPRISE	8. Well No.
3. Address of Operator P.O. BOX 100, ARTESIA NM 88210	9. Pool name or Wildcat TOWNSEND PERMO UPPER PENN
4. Well Location G 1980 NORTH	1000
Unit Letter : Feet From The Line as	nd Feet From The Line
Section 9 Township 16S Range 35E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT,	GR, etc.)
4014	
11. Check Appropriate Box to Indicate Nature of N	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING
TEMPORARILY ABANDON L CHANGE PLANS COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TE	ST AND CEMENT JOB
OTHER: OTHER:^	MECHANICAL INTEGRITY TEST X
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103. 10-27-94 Attempted to test well. Did not test. Lyle Telephone 11-03-94 Rig up Pulling Unit. POH w/packer & tubing.	urnacliff CCD rep.
11-08-94 Pick up new plastic coated packer. Pick up & run 327 jts. new plastic lined	
tubing. Set Packer & load annulas w/170 bbls. packer fluid. Pressure to 400#	
& holding. Call Jerry Sexton. 11-09-94 Rig down. Rig up Gand Corp. pump recorder. Press. annulas to 320#. Held 20	
minutes on charts. Call Jerry Sexton. Advised ok. Mailing chart with this	
C-103. Job complete.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	UNITED 3.3.4.6.
SIGNATURE TITLE PAR	TNER DATE
TYPE OF PRINT NAME J.T. JACKSON	THE EPINONE NO. 575-746-968

APTROVED BY -

TYPE OR PRINT NAME

(This space for State Use)

ROTOM

- mie

- DATE -