

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR. 1CATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM-25513

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 Pe-Je-An Federal	
3. ADDRESS OF OPERATOR P. O. Box 100, Artesia, New Mexico 88211-0100		9. WELL NO. One (1)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter K, 1980' from the South line and 1980' from the West line, Section 26, T18S, R32E, N.M.P.M.		10. FIELD AND POOL, OR WILDCAT Wolfcamp/Wildcat	
14. PERMIT NO. API#30-025-2956		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.26, T18S, R32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3742' G. L.		12. COUNTY OR PARISH Lea	
		13. STATE N. M.	

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Drill Stem Test</u> <input checked="" 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.) \*

3-15-86

8375 ft. to 3450 ft.

Hydr. In	3735	3777
1 FF) 30	27	92
FF)	27	92
ISIP - 1 Hr.	243	288
IF) - 1 Hr.	41	92
FF)	41	92
FSI - 2 Hr.	418	419
Hydr. Out	3708	3751

Surface Pressure 10" Blow in Bucket.

Drill Pipe Recovery 37 ft. water and trace of oil and gas.

Sample recovery 20 PSI. 500 cc Water and small trace of gas.

Fluid in hole. Cut Brine 27000 P.P.M. Chl.

Fluid in pit. Cut Brine 30000. P.P.M. Chl.

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

SIGNED [Signature]TITLE PartnerDATE April 2, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:TITLE [Signature]

DATE \_\_\_\_\_

APR 1 1986  
\*See Instructions on Reverse Side