

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-025-27774</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. <u>A-4096</u>

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name <u>New Mexico "DD" State</u>
2. Name of Operator <u>J & G Enterprise Ltd Co.</u>	8. Well No. <u>1</u>
3. Address of Operator <u>P.O. Box 100, Artesia, NM 88210</u>	9. Pool name or Wildcat <u>Scharb Bone Springs</u>
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19S</u> Range <u>35E</u> NMPM <u>hea</u> County <u></u>	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3885</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

13 3/8" Set @ 403' Cemented - 250 SX - Circ.
8 5/8" set @ 4002' cemented - 2910 SX - Circ
5 1/2" set @ 10582' Cemented 2110 SX Circ.
DV Tool @ 7922' - CIBP @ 9530 Drilled out
#1 Set CIBP @ 9500' & Cap w/ 30' Cement
#2 Set 100' Plug @ DV Tool @ 7922'
#3 set 100' Plug @ 4900'
#4 set 100' Plug @ 9 5/8" shoe IT @ 4002' Tag Plug
#5 Set 100' Plug @ 13 3/8" shoe IT @ 403'
#6 Set 10 SX Plug @ Surface - Set Dry hole Marker
#7 Rig Down - Cut Anchors - Cover Pits - Clean Location

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 4-2-97
TYPE OR PRINT NAME J T Jackson TELEPHONE NO. 746-9680

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: