

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-4096

7. Lease Name or Unit Agreement Name

Queen of State

NEW MEXICO DD #4

8. Well No.

4

9. Pool name or Wildcat

SCHARB Queen

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

2. Name of Operator

JFG ENTERPRISE

3. Address of Operator

P.O. BOX 100, ARTESIA, NEW MEXICO 88

4. Well Location

Unit Letter X : 2080 Feet From The South Line and 1980 Feet From The WEST Line

Section

4

Township

19S

Range

35 E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3907 GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Place well on pump. ☒

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.

1. PULLED TUBING + PACKER RE-RAN TUBING TO 4710 FT.
+ RAN 3/4" ROD STRING WITH 2" X 1 1/4" X 16 FT 3-TUBE
PUMP.

2. INSTALLED A 228-205-74 LUFKIN TC-35 PUMPING UNIT
W/HTC-333 LUFKIN ENGINE. SET 1-4' X 20' HEATER TREATER,
2- 210 WELD STEEL TANKS + 1- 200 bbl. CLOSED TOP FIBRE
GLASS WATER TANK.

3. STARTED PUMPING ON FEB 18, 1991 AT 10:00 A.M.

4. ON FEB 19, 1991 - 10:00 A.M. HAD FILLED HEATER + MADE 6 BBLs.
ON FEB 20, 1991 10:00 A.M. GAUGE MADE 35 OIL 33 WATER + 46 MCF GAS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TYPE OR PRINT NAME

TITLE

DATE

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 04 1991