State of New Mexico Minerals and Natural Resources Departmer Er

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	30-025-28017 5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. A-4096
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.)	7. Lease Name or Unit Agreement Name NEW MEXICO "DD" STATE
1. Type of Well: OIL OAS WELL X WELL OTHER	nam named by bining
2. Name of Operator	8. Well No.
J&G ENTERPRISE LTD. CO. 3. Address of Operator P. O. BOX 100, ARTESIA, NM 88210	9. Pool name or Wildcat SCHARB - WOLFCAMP
4. Well Location Unit Letter : 660	Feet From The West Line
Section 4 Township 19S Range 35E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3917 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT X	
PULL OR ALTER CASING CASING TEST AND CEN	MENT JOB
OTHER: 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.	
1. 5-13 Wireline set CIBP @ 9272'. Dumpbail 35' cmt on top @ 9237'. 2. 5-13 Circ. salt gel mud to @ 4000'. Pump 25 sx. "C" 8000' - 7774'. 3. 5-14 Pump 25 sx. "C" 5000' to 4774'. 4. 5-14 Cut & pull 5½" csg. from 3930'. 5. 5-14 Pump salt gel mud @ 140 bbls. Pump 85 sx. "C" 4000' (5½"stub) & 9 5/8" shoe. 6. 5-15 Tag plug @ 3740'. Circ. salt gel mud to surface. 7. 5-15 Pump 40 sx. "C" 1750' - 1650'. 8. 5-15 Pump 40 sx. "C" 450' - 350'. 9. 5-15 Pump 10 sx. "C" surface plug. 10. 5-15 Install dry hole marker.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	6-10-97
SIGNATURE Agent Murray TITLE Agent	DATE
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	PECTOR DATE
APPROVED BY TITLE	DAIL
CONDITIONS OF APPROVAL, IF AND	