Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, erals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28896

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. V-750

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 "EH" State

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: J & G Enterprise Ltd Co.

8. Well No. 1

3. Address of Operator: P.O. Box 100 Artesia, NM 88210

9. Pool name or Wildcat: Double X Delaware

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 2 Township 24S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3609 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	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT 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.

8 5/8" set @ 645' cemented 550 sx-Circ
5 1/2" set @ 5233' cemented 1650 sx - Circ.
DV Tool set @ 4683'
CIBP set @ 4900' w/ 30' Cement

#1 Set 100' Plug @ DV Tool @ 4682'
#2 Set 100' Plug Bottom of 8 5/8" @ 645' Tag Plug
#3 Set 10 sx Surface Plug - Install Dry hole Marker
#4 Rig Down - Cut Anchors - Cover Pit - 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.

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: