

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)
30-015-27201

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-3479

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐

SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name

Pinnacle State

2. Name of Operator

Fortson Oil Company

8. Well No.

9

3. Address of Operator

3325 W. Wadley, Suite 213, Midland, TX 79707

9. Pool name or Wildcat

E. Herradura Bend, Delaware

4. Well Location

Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line

Section 36 Township 22S Range 28E NMPM Eddy County

10. Proposed Depth
6500'

11. Formation
Delaware

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3143' GL

14. Kind & Status Plug. Bond
State, Current

15. Drilling Contractor
Unknown

16. Approx. Date Work will start
10/20/93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24	500	400	Surf
7-7/8"	5-1/2"	15.5	6500	1425'	Surf

1. With a fresh water mud, drill a 12-1/4" hole to 500'
 2. Cement in 8-5/8" surface csg w/400 sx cmt, circ to surf. WOC 12 hrs.
 3. With a 10-10.2 ppg salt mud, drill a 7-7/8"
 4. After open hole logging, run 5-1/2" 15.5#/ft J-55 csg to 6500' & cmt w/1425 sx.
 5. WOC 24 hrs. minimum
 6. Complete as a Delaware producer.
- BOP sketch attached.

IO-1
10-22-93
NL 9 API

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

Judy Simon

TITLE

Production Technician

DATE 10/14/93

915-520-4347

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

OCT 19 1993

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-19-94
UNLESS DRILLING UNDERWAY