

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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
600 Rio Brazos Rd., Aztec, NM 87410

MAR 9 1993

WELL API NO. 30-025-31805 <input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Chance
8. Well No. 1
9. Pool name or Wildcat Nadine, East (Abo)

SUNDRY NOTICES AND REPORTS ON WELLS ^{O.C.D.}
(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.)

Type of Well: OIL WELL GAS WELL OTHER

Name of Operator
Fortson Oil Company

Address of Operator
301 Commerce St., Suite 3301 Fort Worth, Texas 76102

Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 30 Township 19S Range 39E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3583.4 DF

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/>

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.

2/8/93 Drill to 7527'.
2/9/93 Drill to 7615'.
2/10/93 Logging & wait on orders to plug & abandon. Start plugging procedure.

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

SIGNATURE Bill Bledsoe TITLE Petroleum Engineer DATE 3/17/93

TELEPHONE NO. 817 335-5641

TYPE OR PRINT NAME Bill Bledsoe

(This space for State Use)
APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 31 1993

RECEIVED

MAR 27 1993

CGD HOBBS OFFICE