

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
10000 Km. Irazoa Rd., Aztec, NM 87410

WELL API NO. 30-015-27050

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

Pinnacle State

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

2. Name of Operator

Fortson Oil Company

8. Well No.

1

3. Address of Operator

301 Commerce, Suite 3301, Fort Worth, Texas 76102

9. Pool name or Wildcat

Herradura Bend East

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 330 Feet From The West Line

Section 36 Township 22S Range 28E NMJM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3125' GL

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: Add perforations ☒

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.

Plan to set RBP then selectively perforate, acidize and sand water frac zones from 5400-5900'. Test well for a period of time, then pull RBP and commingle with zones currently producing.

RECEIVED

FEB 27 1995

OIL CON. DIV.  
DIST. I

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

SIGNATURE

Jane Foster

TITLE

Sr. Production Technician

DATE 2/23/95  
(817)

TYPE OR PRINT NAME

Jane Foster

TELEPHONE NO 335-5641

(This space for State Use)

ORIGINAL FILED BY TIM W. GUN

APPROVED BY

TITLE

DATE FEB 1 1995

CONDITIONS OF APPROVAL, IF ANY: