

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Recompletion		5. LEASE DESIGNATION AND SERIAL NO. NM 84721
2. NAME OF OPERATOR Fortson Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 301 Commerce Street, Suite 3301, Fort Worth, Texas 76102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FNL & 660' FWL, SW/4 NW/4, Unit Letter E		8. FARM OR LEASE NAME Sylvite Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3262' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-20-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Recompletion Morrow</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Field operations began September 30, 1991 to re-complete the above captioned well in the Morrow formation.  
A cement retainer was set at 10,535' K.B. Cement squeezed with a total of 150 sacks Class "H" cement, (Squeezing off perforations 10,756' - 10,616'). Cement and cement retainer was drilled out. Spotted 200 gallons 10% Acetic Acid. Perforated with 1 11/16" steel carried gun from 11,658' - 11,670' (24 holes) and 11,712' to 11,722' (20 holes). Acidized with 2500 gallons 7 1/2% Acid with 83,000 scf nitrogen. Field operations were completed October 15, 1991.

18. I hereby certify that the foregoing is true and correct

SIGNED James F. Brown TITLE Agent for Fortson Oil Co. DATE 11/25/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side