

(November 1983)
(formerly 9-330)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See instructions on
reverse side)

Budget Bureau No. 1004-0137
Expires August 31, 1985

215F

RECEIVED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 84721																															
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. ENVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																															
2. NAME OF OPERATOR Fortson Oil Company		7. UNIT AGREEMENT NAME																															
3. ADDRESS OF OPERATOR 301 Commerce St., Suite 3301, Fort Worth, TX 76102		8. FARM OR LEASE NAME Sylvite Federal																															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 467' FWL SW/4 NW/4 Unite At top prod. interval reported below Same At total depth Same		9. WELL NO. 2																															
14. PERMIT NO.		DATE ISSUED																															
15. DATE SPUDDED 3-13-91		16. DATE T.D. REACHED 3-27-91																															
17. DATE COMPL. (Ready to prod.) 4-24-91		18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* 3263' GR																															
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Hude. Parkway - Delaware																															
20. TOTAL DEPTH, MD & TVD 4001		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 6, T-20-S, R-30-E																															
21. PLUG BACK T.D., MD & TVD 3572'		12. COUNTY OR PARISH Eddy																															
22. IF MULTIPLE COMPL., HOW MANY*		13. STATE NM																															
23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS		14. PERMIT NO.																															
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3532' - 3538' Upper Delaware		15. DATE SPUDDED 3-13-91																															
25. WAS DIRECTIONAL SURVEY MADE NO		16. DATE T.D. REACHED 3-27-91																															
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/LDT, DLL, EPT		17. DATE COMPL. (Ready to prod.) 4-24-91																															
27. WAS WELL CORED NO		18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* 3263' GR																															
28. CASING RECORD (Report all strings set in well)																																	
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31. PERFORATION RECORD (Interval, size and number)																																	
3640' (1 hole) 3646' - 3658' (12 holes) 3576' - 3612' (17 holes) 3533' - 3548' (11 holes) 3532' - 3538' (7 holes)																																	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																	
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33. PRODUCTION 3532' - 3538' 600 gal 15% NEFE																																	
DATE FIRST PRODUCTION 4-24-91 Delaware/test Pumping 2" X 1 1/2 X 16' RWBC																																	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)																																	
WELL STATUS (Producing or shut-in) Producing																																	
DATE OF TEST 9/15/91																																	
HOURS TESTED 24																																	
CHOKE SIZE NA																																	
PROD'N. FOR TEST PERIOD 11																																	
OIL—BBL. less than 1 MCF																																	
GAS—MCF. less than 1 MCF																																	
WATER—BBL. 15																																	
GAS-OIL RATIO TSTM																																	
FLOW. TUBING PRESS. NA																																	
CASING PRESSURE 30																																	
CALCULATED 24-HOUR RATE 11																																	
OIL—BBL. less than 1 MCF																																	
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OIL GRAVITY-API (CORR.) 34.0°																																	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented																																	
TEST WITNESSED BY Gray Pumping Service																																	
35. LIST OF ATTACHMENTS Deviation survey Logs will be sent at a later date.																																	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																																	
SIGNED <u>James Fortson</u> TITLE Agent for Fortson Oil Company DATE 10/10/91																																	

*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Delaware Sand	3486'	4001'	No cores or DST's taken.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Salt	1,220'	1,220'
Yates	1,526'	1,526'
Capitan Reef	1,647'	1,647'
Delaware Sand	3,486'	3,486'

RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat) <u>Delaware Zone</u>		7. RRC Lease Number. (Oil completions only)
2. LEASE NAME <u>Sylvite Federal</u>		8. Well Number <u>2</u>
3. OPERATOR <u>Fortson Oil Company</u>		9. RRC Identification Number (Gas completions only)
4. ADDRESS <u>301 Commerce Street, Suite 3301 Fort Worth, Tx 76102</u>		10. County <u>Eddy</u>
5. LOCATION (Section, Block, and Survey) <u>1980 FNL & 467 FWL of Sec. 6, T-20-S, R-30-E</u>		

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
434	434	3/4	1.31	5.69	5.69
915	481	1 1/2	2.63	12.65	18.34
1333	418	1 1/2	2.63	10.99	29.33
1629	296	1 3/4	3.06	9.06	38.39
2093	464	1 1/2	2.63	12.20	50.59
2591	498	2	3.50	17.43	68.02
2987	396	2	3.50	13.86	81.88
3269	282	2 1/4	3.94	11.11	92.99
3757	488	1/2	.88	4.29	97.28
4001	244	3/4	1.31	3.20	100.48

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4001 feet = 100.48 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? no
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form. <u>James L. Brazeal</u> Signature of Authorized Representative <u>James L. Brazeal-President</u> Name of Person and Title (type or print) <u>Brazeal, Inc.-d/b/a CapStar Drilling</u> Name of Company Telephone: <u>214</u> <u>727-8367</u> Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form. _____ Signature of Authorized Representative _____ Name of Person and Title (type or print) _____ Operator _____ Telephone: Area Code
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Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

- INSTRUCTIONS -

☐ If additional space is needed, attach separate sheet and check here.

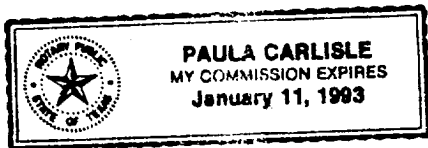
An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submitter of the original charts, graphs, or discs, results from the surveys.

STATE OF TEXAS }
 }
COUNTY OF COLLIN }

The attached instrument was acknowledged before me on the
29th day of March, 1990 by James L. Brazeal as
President of BRAZEAL, INC. - d/b/a CAPSTAR DRILLING.



Paula Carlisle
Paula Carlisle - Notary Public

My commission expires:
January 11, 1993