

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

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

DISTRICT III
1000 Rio Hondo Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

RECEIVED

SEP 24 1992

O. C. D.

ARTESIA OFFICE

WELL API NO.

30-015-27072

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-3479

7. Lease Name or Unit Agreement Name

Pinnacle State

8. Well No.

3

9. Pool name or Wildcat

Herradura Bend, East

1. Type of Well:

Oil
Well ☒

Gas
Well ☐

Other ☐

AUG 27 1992

2. Name of Operator

Fortson Oil Company

O. C. D.

ARTESIA OFFICE

3. Address of Operator

301 Commerce St., Suite 3301 Fort Worth, Texas 76102

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West Line

Section 36 Township 22 South Range 28 East NMTM Eddy County

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

3102' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. Spud 8/21/92.

2. Drill 12-1/4" hole to 555', hit strong air blow @ 471', died in 7 minutes.

3. Set 8-5/8" 24#/ft J-55 csg @ 555'.

4. Cemented w/375 sx Cl C + 2% CaCl, had good returns but did not circ 8/23/92.

5. WOC 5 hrs. Ran temp survey, TOC @ 95'. Ran 1" tbg to 95'. Cemented w/110 sx Cl C + 2% CaCl. Circ 30 sx to surf 8/24/92.

6. Drilling toward TD of 6400'.

5(A)WOC 13 hrs. Press BOP & csg to 600 psi, held OK. 8/24/92.

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

SIGNATURE

Jack R. Gevecker

TITLE

Engineering Manager

DATE 8/26/92

817

TYPE OR PRINT NAME

Jack R. Gevecker

TELEPHONE NO. 335-5641

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

OCT 2 1992

CONDITIONS OF APPROVAL, IF ANY: