Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

APR 10 1994

WELL API NO.
30-015-27072

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
V-3479

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 WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Fortson Oil Company

8. Well No.
3

3. Address of Operator
301 Commerce St.,Suite #3301,Ft Worth, Texas 76102

9. Pool name or Wildcat
Herradura Bend E. Deleware

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West Line

Section 36 Township 22 S Range 28 E NMPM Eddy County

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

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:	[ ]			OTHER: Recompletion			[X]

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.

Squeezed perf's 3637-43'. Squeezed w/175 sx cmt. Perf'd 3387-95', 3415-24' & 3351-59'. Treated w/1000 gal acid . Frac'd w/total 27,000/ gal gelled wtr & 81,000 # 16/30 sd. Squeezed w/200 sx cl c + 100 sx cl c w/2% cacl. Drilled cmt 3357-3400'. Tested w/1500psi. Squeezed perf's @ 3351-59'. Mixed & Pmpd 100 sx cl c + 2% calc.

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

SIGNATURE R. E. Stauffer TITLE Operations Engineer DATE 04-08-94

TYPE OR PRINT NAME Robert E. Stauffer TELEPHONE NO. (817) 335-5641

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT II TITLE DATE APR 13 1994

CONDITIONS OF APPROVAL, IF ANY: