

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89
C10
Bm
Bm
SL Op

OIL CONSERVATION DIVISION

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

AUG 27 1992

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

API NO. (assigned by OCD on New Wells)

30-015-27093

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.

4

9. Pool name or Wildcat

Herradura Bend, East Palmar

1. Name of Operator

Fortson Oil Company

2. Address of Operator

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

3. Well Location

Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line

Section 36

Township

22 South

Range 28 East

NMPM

Eddy

County

10. Proposed Depth

6500'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

3. Elevations (Show whether DF, RT, GR, etc.)

3118' GL

14. Kind & Status Plug. Bood

State, Current

15. Drilling Contractor

Peterson Drlg.

16. Approx. Date Work will start

Sept. 2, 1992

7.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24	500	400	Surf.
7-7/8"	5-1/2"	15.5	6500	1425	Surf.

1. With a fresh water mud, drill a 12-1/4" hole to 500'.

2. Cement in 8-5/8" surface casing w/400 sx cmt, circ to surf. WOC 12 hrs.

3. With a 10-10.2 ppg salt mud, drill a 7-7/8" hole to 6500' TD.

4. After open hole logging, run 5-1/2" 15.5 #/ft J-55 csg to 6500' TD & cmt w/1425 sx.

5. WOC 24 hrs. minimum.

6. Complete as a Delaware producer.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 2/27/93

UNLESS DRILLING UNDERWAY

BOP sketch attached.
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

TYPE OR PRINT NAME Jack R. Gevecker TELEPHONE NO. 335-5641

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 27 1992

CONDITIONS OF APPROVAL, IF ANY: