## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

For	n C	-103	
Rev	ised	1-1-4	89

DISTRICTI	OIL CONSERVATIO
O Box 1080 Hobbs 234 88240	ODD COLIDDAK LIXXXO

DISTRICT!	OIL CONSERVATION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 20	188 RÉCEIVEL	30-015-27141
STRICT II  Drawer DD, Ariesia NM 88210	Santa Fe, New Mexico		5. Indicate Type of Lease
15721CT III		JUL 1 6 1993	STATE XX FEE
July Roo Brazos Rd., Azzec, NM 8741	0	O C D	6. State Oil & Gas Lease No.
		O. C. D.	V-3479
DO NOT USE THIS FORM FOR DIFFERENT RE	OTICES AND REPORTS ON WE PROPOSALS TO DRILL OR TO DEEPE SERVOIR. USE "APPLICATION FOR PI M C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
. Type of Well:			7
MET XX MET CY2	OTHER		Pinnacle State
Name of Operator			8. Well No.
Fortson Oil Company  Address of Operator	· V		. 6
•	, Suite 3301, Fort Wort	h, Texas 76102	9. Pool name or Wildcat East Herradura Bend Delaware
	1980 Feet From The North	Line and23	10 Feet From The East Line
5	T 22 South	Range 28 East	NMPM Eddy County
Section 3.6 ////////////////////////////////////	Township 22 South I		NMPM Eddy County
	3112'		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. Chec	ck Appropriate Box to Indicate		Report, or Other Data
·	INTENTION TO:		BSEQUENT REPORT OF:
_	¬ —	301	DOEGOERT HEI ORT OF:
ERFORM REMEDIAL WORK	🖟 PLUG AND ABANDON 📋	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND C	
THER:		OTHER:	
1. Set at app 2. Stimulate 3. Reconner	Pr px. 6,150' KB, perforate 6,002 e as required; flow and or swa ct surface equipment; resume	ocedure 2' to 6,018' & 6,032' ab to test. e production.	
4. Set an R	BP @ 5,950' KB, perforate 5,0	1004 - 13 , 3, 120 - 32	, J,630 - 42 ND.
5. Stimulate 6. Reconne	e as required; flow and / or sw ct surface equipment; resume	e production.	<b>:</b>
7. Set an R	BP @ 5,950' KB, perforate 5,2	292' - 5,302' , 5,442'	' - 5,448' KB.
8. Stimulate	e as required; flow and / or sw	vab to test.	
9 Reconne	ct_surface equipment; resume	e production.	
Note:	Non productive zones will lead with present zone(s) after	be squeeze cemente	ed; all productive zones will be
I hereby certify that the information above	is true and complete to the best of my knowledge a		H/m/os
SIGNATURE CHILLY	r. Yonas	mme Agent for Fo	
TYPE OR PRINT NAME Shery1	L. Jonas		тецерноме но. (915) 683
(This space for State Use)	RIGINAL SIGNED BY		in a thoo
M	IKE WILLIAMS		JUL 2 0 1993

MIKE WILLIAMS

\_ DATE \_

SUPERVISOR, DISTRICT IT

CONDITIONS OF APPROVAL, IF ANY: