

Print 3 Copies  
Appropriate  
District Office

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
10 Km. Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

WELL API NO.

30-015-27142

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pinnacle State

8. Well No.

7

9. Pool name or Wildcat

Herradura Bend East

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.)

Type of Well:

Oil  
Well ☒

GAS  
Well ☐

OTHER ☐

Name of Operator

Fortson Oil Company

Address of Operator

301 Commerce, Suite 3301, Fort Worth, Texas 76102

Well Location

Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line

Section 36 Township 22S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3111' GL

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

NOTICE OF INTENTION TO:

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: Add perforations ☒

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.

Plan to set RBP then selectively perforate, acidize and sand water frac zones from 5400-5900'. Test well for a period of time, then pull RBP and commingle with zones currently producing.

RECEIVED

FEB 27 1995

OIL CON. DIV.

DIST. 2

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

SIGNATURE

TYPE OR PRINT NAME

Jane Foster

TITLE

Sr. Production Technician

DATE 2/23/95

(817)

TELEPHONE NO 335-5641

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

MAR 1 1995

CONDITIONS OF APPROVAL, IF ANY: