Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 () Revised 1-1-89	5
Revised 1-1-89	1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-27201	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		MAR 1 4 1994	6. State Oil & Gas Lease No. V-3479	
SUNDRY NOTI	CES AND REPORTS ON WEL	LS		
(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		
1. Type of Well: OIL GAS WELL X WELL	OTHER		Pinnacle State	
2. Name of Operator	1		8. Well No. 9	
Fortson Oil Company 3. Address of Operator			9. Pool name or Wildcat	
301 Commerce St., Suit	te 3301, Fort Worth, Tx	76102-4133	E.Herradura Bend, Delaware	
4. Well Location			Foot	
Unit Letter B :990	Feet From The North	Line and231	10 Feet From The East Line	
Section 36	Township 22S Rai		NMPM Eddy County	
	10. Elevation (Show whether I	Dr, RRB, RI, OR, EL.)		
Check	Appropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INT		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: Completion	X	OTHER:		
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
Plan to perforate 6202	-84'. Acidize and sand w	water frac w/70,	000#s sand. Test well.	
Set RBP & perforate 60	31-66'. Acidize & sand v	water frac. Test	zone. Pull RBP &	
produce well.				

hereby certify that the information shows in true and complete to the book of my knowledge and belief. Thus Operations Engineer	DATE3/11/94
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	HAR 2 1 1994

INDITIONS OF APPROVAL, IP ANY: