CONDITIONS OF APPROVAL, IF-ANY:---

Form C-103 Revised 1-1-89	_

Submit 3 Copies to Appropriate	State of New M Energy, Minerals and Natural R		Form C-103 Nevised 1-1-89
District Office DISTRICT 1		•	Revised 1-1-5y
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20		WELL API NO.
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	Santa Fe, New Mexico		30-015-27438 5. Indicate Type of Lease
DISTRICTIN		F - 7 1953	STATEXX FEE
1000 Rio Brazos Rd., Aztec, NM 87410	,	1995	6. State Oil & Gas Lease No. B-10679
SUNDRY NOT	ICES AND REPORTS ON WE	LES " ***	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	RVOIR. USE "APPLICATION FOR PE	I OR PLUG BACK TO A RMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:	-101) FOR SUCH PROPOSALS.)		-
OIL WELL WELL OAS WELL	ा स्व	•	Poker Lake Unit
2. Name of Operator	7		8. Well No.
Fortson Oil Company V 3. Address of Operator			79
	Suite 3301, Fort Worth	TY 76102	9. Pool name or Wildcat
4. Well Location	·		Poker Lake (Delaware)
Unit Letter M : 66	O Feet From The South	Line and 66	60 Feet From The West Line
Section 2		mge 30E	NMPM Eddy County
	10. Elevation (Show whether 3357)	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate 1		eport or Other Date
NOTICE OF INT			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	, , , , , , , , , , , , , , , , , , ,	į	[]
	PLUG AND ABANDON	REMEDIAL WORK	L ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER: Complet	ion_Operations XX
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent details, ar	ı d give pertinent dates, incluc	ting estimated date of starting any proposed
work) SEE RULE 1103.			
			,
			5489' K.B. Drilled out to 7909'K.B.,
			I. Ran CBL log; top of cement 4088'.
			, 0.5" diameter holes). Acidized with
			s 7.5% NEFE Acid. Perforated from IEFE Acid. Pulled bridge plug. Fraced
erforations 7720' to 7666' wit			
			sembly October 2, 1993. Bottom of
ubing at 7824' K.B. Well is curi			
I hereby certify that the information above is true	and complete to the best of my knowledge and	odia, (
SIONATURE AMELIA		_ Agent for Fort	son 011 Co. DATE 10/5/93
TYPEOR PRINTNAME Sheryl L. J	/ -	•	TELEPHONE NO. (915) 683-551.
ODICINAL	SIGNED BY		1221NAE10. (313) 003-331.
(This space for State Use) UNIGHYALL	JAMS		OCT 1 g 1993 =
	AG DECEMBER M		