

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

WELL API NO. 30-015-28102
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10685
7. Lease Name or Unit Agreement Name Poker Lake Unit
8. Well No. 114
9. Pool name or Wildcat Poker Lake Delaware, SW

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Fortson Oil Company	
3. Address of Operator 301 Commerce St., Suite 3301 Fort Worth, TX 76102-4133	
4. Well Location Unit Letter F : 1980 Feet From The North Line and 2080 Feet From The West Line Section 36 Township 24S Range 30E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3449	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Spud & set surface casing ☒

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.

A 14-3/4" hole was spudded and drilled to a depth of 722' KB on 12/03/94. Ran 17 jts 11-3/4" 42 PPF H-40 csg & set @ 722'. Cmt'd w/200 sx Cl C w/12% thixad + 225 sx Cl C w/4% gel (13.5 ppg). Tailed in w/200 sx Cl C w/2% CaCl (14.8 ppg). PD @ 8:00 AM MST. Circ 200 sx.

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

SIGNATURE Jane Foster TITLE Sr. Production Technician DATE 12/08/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 19 1994

CONDITIONS OF APPROVAL, IF ANY: