Submit 3 Copies to Appropriate District Office

State of New Mexico E

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Form C-103 Revised 1-1-89	le

CONDITIONS OF ALLHOVAL, IP ANY:

PIETO DI LARM MEXICO	
Energy, Minerals and Natural Resources	Departmen

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Form C-103	P
Revised 1-1-89	Y

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DISTRICT] P.O. Box 1980, Hobbis, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87,504-2088			WELL API NO. 30-015-28102 5. Indicate Type of Loase		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210						
DISTRICTIII					STATE	FEE (
10.00 km litazos Rd., Aziec, NM 87410				6. State Oil & C B-10685	Bas Lease No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS OF PROSALS TO DRILL OR TO D EVOIR. USE "APPLICATION F 101) FOR SUCH PROPOSALS	EEPE!	Y OR PLUG BACK TO A	7. Lease Name	or Unit Agreement	//////////////////////////////////////
I. Type of Well: Ot. WEU. [X] OAS WELL []	OTHER		DE 22.91	Poker	Lake Unit	•
2 Name of Operator Fortson Oil Company				8. Well No.		
3. Address of Operator		-/-		9. Pool panie or	Wildcat	
301 Commerce St., Suit	e 3301 Fort Worth	TX	76102-4133	Poker La	ke Delawar	e, SW
Unit Letter F : 198	Feet From The North	h	Line and 20	80 Feet Fro	m TheWe:	st Lin
Section 36	Township 24S	R:	unge 30E	MIM	Eddy	County
<i>\////////////////////////////////////</i>	10. Elevation (Show)	whether	DF, RKB, RT, GR, etc.)		~\////////	
11. Check A	ppropriate Box to Indi	cate	Nature of Notice, Re	port, or Othe	_ <i>Y////////</i> r Data	
NOTICE OF INT				SEQUENT P		₹;
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CAS	SING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABA	ANDONMENT [
PULL OR ALTER CASING		-	CASING TEST AND CE	MENT JOB		•
OTHER:			OTHER: Set 5-	-1/2" casin	g ˙	x
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	xas (Clearly state all pertinent det	lails, an	d give pertinent dates, includ	ing estimated date of	f starting any prop	osed
A 7-7/8" hole was dril LTC casing was run & s microseal + 0.3% CF2 + circ thruout job. Rele	set @ 8167', Cmtd w - 3 PPF Hiseal + 1/	1/102	25 sx C1 H 50:50	poz + 5% s	alt + 2.5 P	PPS
I hereby certify that the information above is true an	d complete to the best of my knowled	ge and b	લોર્લ, દુ			
SKINATURE TOUTS	to	_ ฑน	Sr. Productio	n Technicia	n DATE 12/	19/94
TYPE CAL PROTT NAME	•				тецел юни но.	
(This space for State Use)						
SUPERVISOR.	DISTRICT IF	- mu			^ الأل _{امة} _	3 1995
					P-1114	