

Submit 3 Copies
to Appropriate
District Office

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

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

WELL API NO.

30-015-28461

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 10685

7. Lease Name or Unit Agreement Name

Poker Lake Unit

8. Well No.

124

9. Pool name or Wildcat

Poker Lake Del-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:

OR
WELL

☒

OAS

WELL ☐

OTHER

2. Name of Operator

Fortson Oil Company

3. Address of Operator

301 Commerce, Suite 3301, Fort Worth, Texas 76102

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 810 Feet From The West Line

Section 36 Township 24S Range 30E NMIM Eddy County

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

3443'

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 and 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.

Spud well @ 9:30 p.m. on 4/23/95. Ran 22 jts. 8-5/8" 24 PPF J-55 STC csg. (896.16').
Set @ 909' w/insert float @ 870'. Cmdt. w/235 sx Cl.C w/4% sol. 2% CaCl₂ 5 PPS
Kolite + 1/4 PPS flakes. Tailed in w/225 sx Cl.C w.2% CaCl₂ 7 1/2 PPS. PD
@ 5:32 MDT. Circ. 75 sx. Tested csg. to 1000 psi, OK.

RECEIVED

MAY 20 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

Jane Foster

TITLE

Sr. Production Technician

DATE 5/26/95

(817)

TYPE OR PRINT NAME

Jane Foster

TELEPHONE NO. 335-5641

(This space for State Use)

APPROVED BY THE E. GUM
DISTRICT 2 OFFICE

APPROVED BY

TITLE

DATE

MAY 31 1995