

Submit 3 Copies  
to Appropriate  
District Office

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Km Hrazon Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 1-1-89

WELL API NO. 30-015-28461

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B10685

7. Lease Name or Unit Agreement Name  
Poker Lake Unit

8. Well No. 124

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Fortson Oil Company

3. Address of Operator  
301 Commerce Street, 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: ☐

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.

Well was plugged 05/12/95 as follows:

Plug #1 30 sx plug @ 6794'  
Plug #2 60 sx plug @ 6400'  
Plug #3 50 sx plug @ 4200'  
Plug #4 50 sx plug @ 950'  
Plug #5 10 sx plug @ surface

Cut off well head and weld on dry hole marker

Released rig @ 10:00 a.m. 5/12/95

RECEIVED

MAY 22 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 5/17/95  
TYPE OR PRINT NAME Jane Foster TELEPHONE NO. (817) 335-5641

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 10/26/98  
CONDITIONS OF APPROVAL, IF ANY: