

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Budget Bulletin No. 1004-1
Expires August 31, 1985

458

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" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Fortson Oil Company ✓

3. ADDRESS OF OPERATOR
301 Commerce Street, Suite 3301 Fort Worth, TX 76102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 467' FWL, SW/4 NW/4, Unit E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3263' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-84721

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Sylvite Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Und. Parkway-Delaware

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 6, T-20-S, R-30-E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Daily Drlg. Rpt. & Int. Casing Report</u>	<input checked="" type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Fully state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3/16/91: Drilling at 1285'. Formation Salt and Anhydrite. Deviation survey at 915' 1/2°.
3/17/91: Present depth 1333'. Present operation: Nipling up on 9 5/8" casing and waiting on cement.

CASING REPORT:

Ran 33 joints of 9 5/8" casing set at 1327'. Cemented with 385 sacks Class "C" with 10% Thixset. Tailed in with 100 sacks Class "C" Neat with 4% gel and 2% CaCl2. Circulated 75 sacks cement to pit. Plug landed at 5:05 PM on March 16, 1991. BLM on location to witness cementing operations.

RECEIVED
APR 9 9 49 AM '91
CARLSBAD AREA OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED James F. Brown TITLE Agent DATE 4/1/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

