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 Rio Brazos 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.
30-015-28102

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-10685

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.)

7. Lease Name or Unit Agreement Name
Poker Lake Unit

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Fortson Oil Company

8. Well No.
114

3. Address of Operator
301 Commerce St., Suite 3301 Fort Worth, TX 76102-4133

9. Pool name or Wildcat
Poker Lake Delaware, SW

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Set intermediate casing			[X]

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.

An 11" hole was drilled to a depth of 4090' on 12/08/94. Ran 41 jts 8-5/8" 32# J-55 csg, 56 jts 8-5/8" 24# PPF J-55 STC csg & 2 jts 8-5/8" 32# PPF csg. Set @ 4090' w/float collar @ 4046'. Cmtd w/1025 sx 65:35:6 Cl C poz. Mixed @ 14.8 ppg. PD @ 5:35 PM MST. Circ 410 sx.

DEC 12

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)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE DEC 19 1994

CONDITIONS OF APPROVAL, IF ANY: