

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34726
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-2199
Lease Name or Unit Agreement Name 002314
Gem, 8705 JV-P
Well No. 7
Pool name or Wildcat Teas, Delaware Code #96797

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
BTA OIL PRODUCERS OGRID #003002

Address of Operator
104 SOUTH PECOS, MIDLAND, TX 79701

Well Location
Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line
Section 2 Township 20 S Range 33 E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3581' GR 3598' RKB

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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 ANBANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Amend TD to 9,600'

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.

PATTERSON DRILLING COMPANY- Rig #49, P. O. Drawer 1416, Snyder, TX 79550

12/01/99 Depth 3,250' Cmt'd 9-5/8" csg @ 3,250' (72 jts 40# K55 STC) w/ 1000 sx. Cmt Circ. WOC 12 hrs.
Set slips, cut-off, installed spool & BOP's . WOC

12/02/99 WIH w/ bit & tested csg for 30 min to 1,500 psi - OK. Drld out & tested shoe to 1,000 psi on fresh water - OK.
WOC 24 hrs total, Drlg 7-7/8" hole in dolomite & shale w/ fresh water.

12/08/99 Depth 7,120' Drlg 7-7/8" hole in sand using fresh water

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Dorothy Houghton* TITLE Regulatory Administrator DATE 12-08-99

TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE DEC 14 1999

CONDITIONS OF APPROVAL, IF ANY:

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