

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

155 +
DP

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

RECEIVED
APR 18 '89

WELL API NO. 30-015-25964
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Pardue, 8808 JV-P
2. Name of Operator BTA OIL PRODUCERS	8. Well No. 1
3. Address of Operator 104 South Pecos Midland, Texas 79701	9. Pool name or Wildcat S. Culebra Bluff (Atoka)
4. Well Location Unit Letter <u>-L-</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>23-S</u> Range <u>28-E</u> NMPM <u>Eddy</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3,008' RKB 2,988' GR</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

4- 3-89 SITP 5,650 psi One line to EPNG gas rate 500 MCFD

4-12-89 Rate 191 MCFD

4-13-89 TD 12,868' PB 12,740' RU wireline unit to perf while flowing. Tagged fill @ 12,507' Perf (Morrow) 12,218' - 12,481' w/ 1 SPF (13 holes) No change in gas rate or TP after perforating.

4-14-89 Gas rate 192 MCFD FTP 530 psi

4-15-89 Gas rate 207 MCFD

4-16-89 Gas rate 190 MCFD

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

SIGNATURE Dorothy Moughton TITLE Regulatory Administrator DATE 4/17/89

TYPE OR PRINT NAME DOROTHY MOUGHTON TELEPHONE NO. (915) 682-3753

(This space for State Use)

Original Signed By Mike Williams TITLE _____ DATE APR 18 1989

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: