

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

APR 18 '89

WELL API NO.

30-015-25964

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pardue, 8808 JV-P

8. Well No.

1

9. Pool name or Wildcat

S. Culebra Bluff (Atoka)

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

BTA OIL PRODUCERS

3. Address of Operator

104 South Pecos Midland, Texas 79701

4. Well Location

Unit Letter -L- : 2310 Feet From The South Line and 660 Feet From The West Line

Section 11

Township

23-S

Range

28-E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,008' RKB 2,988' GR

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.

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

APPROVED BY

TITLE

DATE

APR 18 1989

CONDITIONS OF APPROVAL, IF ANY: