

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 27 '90

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.
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator BTA OIL PRODUCERS ✓
3. Address of Operator 104 South Pecos, Midland, TX 79701	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</u> <u>2,988' GR</u>	

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.

4-2-90 Gas Rate 95 MCFD, T/P 450 psi.

4-3-90 Acidized (Atoka) Perfs 11,604' - 11,708' (Morrow) Perfs 12,218' - 12,688' w/ 10,000 gal 7 1/2% NE HCL in 2 - 5,000 gal stages separated by 500 lbs. Benzoic Acid Flakes (Blocking Agent). Swabbed back load. Flowed 562 MCFD rate, T/P 455 psi.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 4/26/90
TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 7 1990

CONDITIONS OF APPROVAL, IF ANY: