

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

FEB - 8 '90

WELL API NO.

30-015-26274

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pardue -B-, 8808 JV-P

8. Well No.

1

9. Pool name or Wildcat

Loving East (Delaware)

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, TX 79701

4. Well Location

Unit Letter -K- : 1711 Feet From The South Line and 1957 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.)

2,974' GR 2,985' RT

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.

2- 6-90 Spudded @ 10:30 A.M. Drlg 12 1/4" hole.

Cmt'd 8 5/8" 24# J55 STC @ 514' w/ 400 sx.

Cmt Circ. WOC 6 hrs. Installed csg hd & BOP's. Cleaned out to shoe.

Tested BOP's & csg to 1,000 psi for 30 min on fresh water.

2- 7-90 WOC 12 hrs total then drilled shoe. Drlg 7 7/8" hole.

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 2/7/90

TYPE OR PRINT NAME

DOROTHY HOUGHTON

TELEPHONE NO. 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT 19

APPROVED BY

TITLE

DATE

FEB 9 1990

CONDITIONS OF APPROVAL, IF ANY: