

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

WELL API NO. 30-015-26325
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 ☒ 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 -E- : 1980 Feet From The North 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.)
2,996' GR 3,009 RKB

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: ☐ Rig Release ☒

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.

6-11-90 TD 6,260' PB 6,175' Cmt'd 5 1/2" 15.5# J-55 & 17# J-55 LTC csg w/ 1,000 sx of Halliburton Lqt w/ 15# /sx salt, 5# /sx gilsonite, 1/4# /sx Flocele, 0.6% Halad 9. Tailed in w/ 300 sx of class -H-. WOC. Top cmt by survey 560'

Released Rig @ 11:00 A.M. MORT

Prep to complete

RECEIVED

JUN 14 '90

O. C. D.
ARTESIA, OFFICE

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 6/13/90

TYPE OR PRINT NAME

DOROTHY HOUGHTON

TELEPHONE NO. 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 19 1990

CONDITIONS OF APPROVAL, IF ANY: