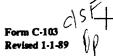
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



2151	
Form C-103 Revised 1-1-89)

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-015-26325	
DISTRICT II Santa Fe, New Mexico 8/304-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lesse 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.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL QAS OTHER	Pardue -D-, 8808 JV-P	
2. Name of Operator	8. Weil No.	
BTA OIL PRODUCERS 3. Address of Operator	9. Pool name or Wildcat	
104 South Pecos, Midland, TX 79701	Loving East Delaware	
4. Well Location		
Unit LetterE_ : 1980 Feet From The North Line and 6	60 Feet From The West Line	
Section 11 Township 23-S Range 28-E	NMPM Eddy County	
Section 11 Township 23-S Range 28-E	NMFM Eddy	
2,996' GR 3,009 RKB	<u> </u>	
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND	CASING TEST AND CEMENT JOB X	
OTHER: OTHER:	Rig Release X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, in	cluding 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 & of Halliburton Lqt w/ 15# /sx salt, 5# /sx gils Halad 9. Tailed in w/ 300 sx of class -H WC	sonite, 1/4# /sx Flocele, 0.6%	
Released Rig @ 11:00 A.M. MORT	RECEIVED	
Prep to complete		
	JUN 14 '90	
	O. C. D. ARTESIA, OFFICE	
- Almanda		
I hereby certify that the information above is the and confidence to the best of my knowledge and belief. SIGNATURE Regulatory	Administrator DATE 6/13/90	
TYPE OR PRINT NAME DOROTHY HOUGHTON	TELEPHONE NO.915/682-3753	
(This space for State Une) ORIGINAL SIGNED BY	3	
MIKE WILLIAMS	PATE JUN 1 9 1990	
APPROVED BY SUPERVISOR, DISTRICT IT TIME CONDITIONS OF APPROVAL, IF ANY:		
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