Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

10 1	
Form C-103	
Revised 1-1-89	

OH CONSERVATION DIVISION

	Revised 1-1-89	VP
NO.		

P.O. Box 1980, Hobbs, N	M 88240	Santa Fe, New Mexico 87504-2088			WELL API NO. 30-015-26325	
DISTRICT II P.O. Drawer DD, Artesia,					5. Indicate Type of Lease	
DISTRICT III		· ·		JUN 6'90	STATE FEE	
1000 Rio Brazos Rd., Az	tec, NM 87410				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?)				LS O. C. D.		
DIF	FERENT RESERVO	DSALS TO DRILL OR TO DIR. USE "APPLICATION 1) FOR SUCH PROPOSA	RMIT	7. Lease Name or Unit Agreemen	t Name	
1. Type of Well: OIL WELL XX	GAS WELL	OTHER		/	Pardue -D-, 8808	JV-P
Name of Operator BTA Cil Pro	ducors			•	8. Well No.	
3. Address of Operator	ducers				9. Pool name or Wildcat	
104 S. Peco	s, Midland,	Texas 79701			Loving East Dela	ware
4. Well Location Unit Letter	E : 1980	Feet From The Nor	th	Line and660	Feet From The W	est Line
Section	11	Township 23-S	1.4	nge 28-E	NMPM Eddy	County
		2996 ' GR		DF, RKB, RT, GR, etc.) 3009 'RKB		
11.	Check Ap			Nature of Notice, F	Report, or Other Data	
NOT	ICE OF INTE	NTION TO:		SUE	BSEQUENT REPORT	OF:
PERFORM REMEDIAL	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABAND	NON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS. X PLUG AND A	ABANDONMENT .
PULL OR ALTER CASI	PULL OR ALTER CASING CASING TEST AND CEMENT JOB X					
OTHER:						
12. Describe Proposed or work) SEE RULE 1		ns (Clearly state all pertinen	details, ar	nd give pertinent dates, incl	uding estimated date of starting any p	roposed
05-29-90	Spud @ 4:30	pm. Drlg 12-1	/4" ho	ole.		
05-30-90	CaCl ₂ . Cmt to shoe. T	circ. WOC 6 h	rs - I csg t	Installed casin to 1000 psi for	8' w/400 sx Class "C ghead & BOP's. Clea 30 min on fresh wat hole.	ined out
06-04-90	Depth 4350'	. Drlg 7-7/8"	hole.			
I hereby certify that the in	formation above is true a	nd somplete to the best of my kn	1		deniniate water	OF 05 00
SIGNATURE	Dorothy House	Walles Cou	π	_{пв} <u>Kegulatory</u> <i>F</i>	Administrator DATE ((915)
TYPE OR PRINT NAME					TELEPHON	
(This space for State Use)	MIKE W	IAL SIGNED BY	ŧ		JU	IN 1 9 1990
ADDROUGH BY	SUPER'	VISOR, DISTRICT II	, TY	n.e	DATE	