Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICTI OIL CONSERVATION	DIVISION
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL AFI NO.
DISTRICT II Santa Fe. New Mexico 87.	504-2588 5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	STATE FEE X
1000 Rio Brazos Rd., Azzec, NM 87410	y 17 °90 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI" (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
. Type of Well: OIL	Pardue -B-, 8808 JV-P
Name of Operator	8. Well No.
BTA OIL PRODUCERS / Address of Operator	9. Pool name or Wildcat
104 South Pecos, Midland, TX 79701	Loving, East (Delaware)
Well Location Unit Letter -L-: 1980 Feet From The South	Line and 765 Feet From The West Line
11	
Section 11 Township 23-5 Range	28-E NMPM Eddy County
2,985' GR 2,998'	·
Check Appropriate Box to Indicate Nat	ture of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
RFORM REMEDIAL WORK PLUG AND ABANDON R	EMEDIAL WORK ALTERING CASING
EMPORARILY ABANDON	COMMENCE DRILLING OPNS. $oxdiv X$ PLUG AND ABANDONMENT $oxdiv X$
JLL OR ALTER CASING C	ASING TEST AND CEMENT JOB $\overline{\mathbb{X}}$
THER: [] 0	OTHER:
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and gi work) SEE RULE 1103. 	ive pertinent dates, including estimated date of starting any proposed
5-14-90 Spudded @ 7:00 P. M. Drlg 12 1/4" he	ole w/ spud mud.
Cmt Circ. WOC 6 hrs. Cut-off & ins	@ 515' w/ 400 sx of Class -C- w/ 2% CaCl2. tld csg hd & BOP's.WIH & drld float & cmt for 30 min. Held OK. WOC 12 hrs total.
<u>5-16-90</u> Depth 1,065' Drlg 7 7/8" hole.	
	
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What the What the	e. Regulatory Administrator DATE 5/16/90
I hereby certify that the information above in true and complaine to the best of they knowledge and believe the signature with the information above in true and complaine to the best of they knowledge and believe the signature with the information above in true and complaine to the best of they knowledge and believe the signature of the signature of the best of they knowledge and believe the signature of the best of they knowledge and believe the signature of the best of they knowledge and believe the signature of the best of the best of the best of the knowledge and believe the signature of the best of the bes	Regulatory Administrator DATE 5/16/90
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SIGNATURE SOLUTION TITLE I	Regulatory Administrator DATE 5/16/90