Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
APR - 8 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-26341

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SWD SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: Pardue C, 8808 JV-P

2. Name of Operator: BTA Oil Producers

8. Well No.: 1-D

3. Address of Operator: 104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat: Undesignated

4. Well Location
Unit Letter N : 176 Feet From The South Line and 1550 Feet From The West Line

Section 11 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth: TD 6250' PBTD 5880

11. Formation: Cherry Canyon

12. Rotary or C.T.: Workover

13. Elevations (Show whether DF, RT, GR, etc.): 2996' GR 3007 RKB

14. Kind & Status Plug. Bond: Blanket

15. Drilling Contractor: Permian Service Co.

16. Approx. Date Work will start: 4-10-91

17. EXISTING/PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	24	535	400 sx	Circ
7-7/8	5-1/2	15.5 & 17	6250	1500 sx	TOC @ 1000'

Case No. 10268 - Order No. R9147-C 4-2-91

Proposed Procedure:
Perf 3500-3875' w/1 spf, Acidize w/15,000 gal, set 5-1/2" Loc-Set Pkr @ 3400' on 2-7/8" fiberglass tbg, Fill annulus w/treated fluid & pressure test, Install gauge on casing/tbg annulus, Install surface equipment w/high pressure kill switch set on 700 psi.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 4-5-91

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO 915-682-3753

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 12 1991

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness Setting Pkr