

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88211  
District III  
1000 Rio Brazos Rd., Pecos, NM 87552  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

C15F  
Op  
Form C-103  
Revised March 25, 1999

WELL API NO. 30-015-26341
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  Pardue -C-, 8808 JV-P
8. Well No. 1-D
9. Pool name or Wildcat Und. Cherry Canyon

**SUNDAY 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 ☐ SWD

2. Name of Operator  
BTA Oil Producers

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

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. Elevation (Show whether DR, RKB, RT, GR, etc.)  
2996' GR 3007' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: MIT Bradenhead Test <input checked="" type="checkbox"/>

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

8/19/2002 This well was successfully bradenhead tested (witnessed by Mr. Jerry Guy of the OCD).

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Administrator DATE 8/20/2002

Type or print name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any:

Accepted for record - NMOCN