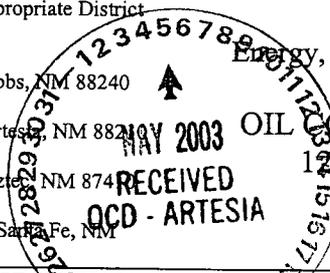


Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-103
Revised March 25, 1999



WELL API NO.
30-015-32748
5. Indicate Type of Lease
STATE FEE
6. State Oil & Gas Lease No.

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

8. Well No.
4

9. Pool name or Wildcat
Loving; Brushy Canyon, East 40350

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.)

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
BTA Oil Producers

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

4. Well Location
Unit Letter M : 430 feet from the south line and 990 feet from the west line
Section 11 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3008' GL 3021' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPLETION
OTHER:
SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Casing Record

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.

04/22/2003 MI & RU. Spudded at 11:30 p.m. 4/21/03.

04/23/2003 8-5/8" 24# J55 STC @ 355' w/350 sx. Cmt circ.

WOC 14 Hours
Prem Plus w/2% Calcium Chloride
per Lou Green 5/2/03

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

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 05/01/2003

Type or print name Pam Inskeep Telephone No. (915) 682-3753
(This space for State use)

APPROVED BY Jim del Carmen TITLE District Supervisor DATE MAY 06 2003

Conditions of approval, if any: