

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. 30-015-26341
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name: Pardue -C-, 8808 JV-P
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> SWD	RECEIVED DEC - 5 2003 OCD-ARTESIA	8. Well No. 1-D
2. Name of Operator BTA Oil Producers		9. Pool name or Wildcat Und. Cherry Canyon
3. Address of Operator 104 S. Pecos, Midland, TX 79701		
4. Well Location Unit Letter <u>N</u> : <u>176</u> feet from the <u>south</u> line and <u>1550</u> feet from the <u>west</u> line Section <u>11</u> Township <u>23S</u> Range <u>28E</u> 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:

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: MIT Bradenhead Test ☒

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.

11/10/03 This well was successfully tested. OCD field representative (Mr. Gerry Guye) was notified of the test, but did not witness. Chart is attached.

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 12/01/03

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

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

RECEIVED
DEC - 5 2003
OCD-ARTESIA

