

Submit 3 Copies  
to Appropriate  
District Office

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

Form C-103  
Revised 1-1-89

WELL API NO.  
30-005-62670

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-2829

7. Lease Name or Unit Agreement Name

Buffalo, 8816 JV-P

8. Well No.

9. Pool name or Wildcat

Buffalo Valley (Penn)

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 South Pecos Midland, Texas 79701

4. Well Location  
Unit Letter -E- : 1650 Feet From The North Line and 990 Feet From The West Line

Section 31 Township 14-S Range 28-E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,531' GR 3,543' 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

4-16-89 Depth 1,640' Cmt'd 8 5/8" 24# J55 STC csg @ 1,640' w/ 1,300 sx.  
Cmt circ. Set slips, cut-off, installed spool. NU BOP's. Cleaned  
out to shoe. Tested BOP's & csg to 1500 psi for 30 min. WOC 12 hrs  
total & drld shoe. Drlg 7 7/8" hole.

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

TYPE OR PRINT NAME DOROTHY HOUGHTON

TELEPHONE NO. (915) 682-3753

(This space for State Use)

APPROVED BY For Record Only TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Minimum WOC time 18 hrs.