

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

MAY 11 '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. 1
9. Pool name or Wildcat Buffalo Valley (Penn)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3531' GR 3543' RKB

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 Dry
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.) 3531' GR 3543' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

5-3-89 Depth 8,158' DST #1: (Atoka) 8,098' - 8,123'

5-7-89 TD 8,560' Spotted P&A plugs as follows:

Plug#	Cmt	Interval
1	75 sx	7,675' - 7,475'
2	75 sx	6,375' - 6,175'
3	75 sx	5,275' - 5,075'
4	75 sx	3,050' - 2,850'
5	75 sx	1,725' - 1,525'
6	75 sx	400' - 200'
7	10 sx	Surface

Well P&A 2:30 p.m. 5/7/89. Rig released: 7:00 p.m.

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 5/9/89

TYPE OR PRINT NAME DOROTHY HOUGHTON

TELEPHONE NO. (915) 682-3753

(This space for State Use)

APPROVED BY OK J.R. 1-3-90 TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: