

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.

30-025-31206-00-S1

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

NMNM078148

7. Lease Name or Unit Agreement Name:

French, 9004 JV-P

8. Well No.

3

9. Pool name or Wildcat

Corbin Wolfcamp, South

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 INJECTION

2. Name of Operator

BTA Oil Producers

3. Address of Operator

104 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter H : 1980 feet from the north line and 510 feet from the east line

Section 24

Township 18S

Range 32E

NMPM

Lea

County

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

3804' GR

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 ☐

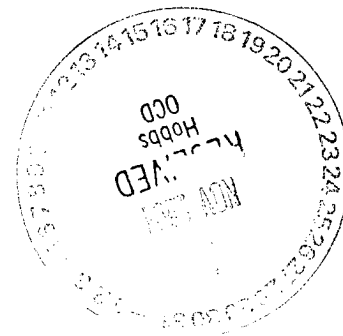
CASING TEST AND CEMENT JOB ☐

OTHER: Test and return to Injection ☒

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.

Pulled injection tubing and found two leaks, no casing leaks. Replaced bad tubing and tested okay. Back in service.

Chart is attached.



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 11/23/2004

Type or print name Pam Inskeep

Telephone No. 432-682-3753

(This space for State use)

APPROVED BY

Gary W. Wink

TITLE

DATE

DEC 06 2004

Conditions of approval, if any:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

