

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: Vacuum, 9205 JV-P Com
2. Name of Operator BTA Oil Producers	8. Well No. 1
3. Address of Operator 104 S. Pecos, Midland, TX 79701	9. Pool name or Wildcat Vacuum, North 86800
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>west</u> line Section <u>31</u> Township <u>16S</u> Range <u>35E</u> NMPM Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4025' GR</u> <u>4042' RKB</u>	

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.

7/23/2002 This well was successfully bradenhead tested (witnessed by Mr. Buddy Hill of the OCD).



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 8/15/2002

Type or print name Pam Inskeep

Telephone No. (915) 682-3753

(This space for State use)

APPROVED BY
Conditions of approval, if any:

ORIGINAL SIGNED BY
TITLE W. WINK DATE AUG 22 2002
OC FIELD REPRESENTATIVE II/STAFF MANAGER