

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Denver DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO. 30-025-33115
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name 17587 Shipp -C-, 9206 JV-P
8. Well No. 1
9. Pool name or Wildcat Wildcat
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3724' GR 3737' 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 ☐	2. Name of Operator BTA Oil Producers 003002
3. Address of Operator 104 S. Pecos, Midland, TX 79701	4. Well Location Unit Letter G : 2310 Feet From The North Line and 2065 Feet From The East Line Section 27 17S Township 37E Range NMPM Lea County

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

10-29-95: Depth 4700', Cmtd 8-5/8" (32# S80 & K55 LTC) csg @ 4700' w/2300 sx, cmt circ (2000 sx Hal lite w/15#/sx salt + 1/4#/sx flocele + 300 sx Class -C- w/2% CaCl₂). Set slips & cut off 8-5/8" csg. Installed spool & BOPs. Cleaned out to shoe.

10-30-95: Tested BOPs & csg for 30 mins on fresh wtr. WOC 18 hrs total then drld shoe. Drlg 7-7/8" hole.

10-31-95: Depth 5420'. Drlg 7-7/8" hole.

I hereby certify that the information above is true and accurate to the best of my knowledge and belief.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 11-1-95
TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 915-682-3753

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: