State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT! OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-30468
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-2199
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL WELL X OTHER	Gem, 8705 JV-P
2. Name of Operator	8. Well No.
BTA OIL PRODUCERS	9. Pool name or Wildcat
3. Address of Operator	
104 South Pecos Midland, Texas 79701	Gem (Morrow) East
Unit LetterC_ : 660 Feet From The North Line and 231	O Feet From The West Line
Section 2 Township 20-S Range 33-E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,589' GR 3,609' RKB	
Charles A manufactor Day to Indicate Manusco of Notice P	eport or Other Data
•••	SSEQUENT REPORT OF:
	ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	$\overline{}$
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB X
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclinwork) SEE RULE 1103. 12-22-88 Depth 12,570' Cmt'd 7" 29# LTC csg @ 12,570' w/ Set slips & cut-off. Installed spool & BOP's. WIH w/ bit & drilled out. Drlg 6 1/8" hole. 1- 3-89 TD 13,630' PB 13,523' Cmt'd 5" 23.2# P110 liner w/ 200 sx - WOC. WIH w/ 6 1/8" bit. Drld cmt of Circ & tested 5" liner top to 2,000 psi on 9.8 pt. 1- 6-89 Released Rig. Prep.to complete. @ 8:00 P.M. Rig	1900 sx. Cmt Circ. WOC Tested to 2500 psi. WOC from 12,167' to 13,630' ff liner top @ 12,167' pg fluid - OK. POH w/ bit.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE DESCRIPTION TITLE REGULATORY ACTIVE OR PRINT NAME DOROTHY HOUGHTON (This space for State Use) ORIGINAL SIGNED BY JERRY SEXPON APPROVED BY TITLE	Iministrator DATE/-9-89 TELEPHONE NO. (915) 682-375 JAN 1 1 1989
CONDITIONS OF APPROVAL, IF ANY:	
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