

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

WELL API NO.
30-025-30977

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-2199

7. Lease Name or Unit Agreement Name

Gem, 8705 JV-P

8. Well No.
3

9. Pool name or Wildcat
Teas, Bone Srping

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

3. Address of Operator
104 S. Pecos, Midland, TX 79701

4. Well Location
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 20S Range 33E NMPM Lea County

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

3579' 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Additional Perforation ☒

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.

3-12-91 MIRU, POH w/rods & pmp.

3-13-91 FIH w/tbg, Spotted 100 gal NE-FE acid.

3-14-91 Perf 9843'-64 w/l spf (22 holes) A w/1750 gals NE-FE.

3-15-91 Swbg & Tstg.

3-16-91 Frac w/ 22,150 gal gld KCL wtr + 43 tons CO₂; 31,500# 20/40 sd & 20,000 # Westprop 3.

3-19-91 Ran production equipment HF 2-1/2" X 1-1/4" X 32' pmp.

3-31-91 Ppd 90 BN, 77 BW in 24 hrs.

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 4-1-91

TYPE OR PRINT NAME

Dorothy Houghton

TELEPHONE NO. 915-682-3753

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 03 1991