

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

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

Gem, 8705 JV-P

8. Well No.

3

9. Pool name or Wildcat

Teas, Bone Spring

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

Township

20S

Range

33E

NMPM

Lea

County

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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Plug Back 3A Morrow ☒

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.

2-18-91 TD 13,700, PB 13,150, MIRU, Ppd 75 BW dwn tbg @ 1-1/2 BPM, @ 5700 psi, Mixed & ppd 25 sx Cl-H cmt w/3% HR-7, 10 bbls fresh wtr, 64 bbls KCL wtr, Est top of cmt plug @ 12,175'.

2-19-91 Set CIBP @ 12,550' w/wireline, Ran GR-CCL 10,500-8,500', Dmpd 40' cmt on top, WOC, SION.  
Prep to complete in Bone Spring.

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 2-26-91

TYPE OR PRINT NAME

Dorothy Houghton

TELEPHONE NO 915-682-3753

(This space for State Use)

Orig. Signed by  
**Paul Kautz**  
Geologist

**FEB 28 1991**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

3A E. Gem Morrow

FEB 27 1951

150  
HOUSE OF REPRESENTATIVES