## 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

CONDITIONS OF AFFROVAL, IF ANY:

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P.O. Box 2088	20 025-30977

			30 023 00			
Santa Fe, New Mexico 87504-2088 2.0. Drawer DD, Arlesia, NM 88210		5. Indicate Type of	STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Az	1 20s Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. V-2199		
I DO NOT USE THIS	FORM FOR PROPOSA FERENT RESERVOIR	AND REPORTS ON ALS TO DRILL OR TO DEI . USE "APPLICATION FO FOR SUCH PROPOSALS."	RPER RPER	OR PLUG BACK TO A	7. Lease Name or I	Juit Agreement Name
1. Type of Well: OIL KX O	or WELL XX	OTHER			Gem, 8705	5 JV-P
2. Name of Operator	T WELL CO.				8. Well No.	
BTA 0il Pr  3. Address of Operator						ida Teas (Bone Spring)
104 South	Pecos, Midlan	d, TX 79701			Gem, East	(Morrow)
4. Well Location Unit Letter	<u>0:_660</u> 1	Feet From TheSouth		Line and 19	80 Feet From	The East Line
Section		Township 20S	Ras	nge 33E	<b>ммрм</b> Lea	County
		10. Elevation (Show w	hether i	OF, RKB, RT, GR, etc.)		
	Check Appr	ropriate Box to India	ate N	3593' RKB Nature of Notice, R	eport, or Other	Data
11. NOT	FICE OF INTEN			SUE	SEQUENT R	EPORT OF:
PERFORM REMEDIAL		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANI		CHANGE PLANS		COMMENCE DRILLING	G OPNIS.	PLUG AND ABANDONMENT
PULL OR ALTER CAS	<del></del>			CASING TEST AND C	EMENT JOB XX	
OTHER:				OTHER:		<u> </u>
12: Describe Proposed o	or Completed Operations	(Clearly state all pertinent de	क्येंड, बा	d give pertinent £ates, incli	ding estimated date of	starting any proposed
work) SEE RULE	1103.	eterson Drlg Co.				
<u>9-25-90</u>	Set 30" cond	luctor @ 56' w/1	50 s	SX.		
9-28-90	Spudded @ 10:30 p.m., Drlg 26" hole in surface rock w/spud mud.					
10-4-90	Depth 1385', Cmtd 20" (36 jts 106.5# K-55 BTC) w/2100 sx.Cmt circ. WOC 12 hrs, Installed BOP's & flow nipple, Cleaned out to shoe.					
10-5-90	Tstd csg to	600 psi, WOC 24	hr	s total, Drld s	hoe, Drlg 17	7-1/2" hole.
10-8-90	Depth 2682'	, Drlg 17-1/2" h	nole			
I bereby certify that the	information aboye is true and	complete to the best of my knowl	edge and	l belief.		
SIGNATURE A	rethy D	oughlor	<u>)</u> "	Regulatory A	dministrato	r DATE 10-8-90
TYPE OR PRINT NAME	Dorothy Houg	hton				тецетноме NO. 915-682-3
(This space for State Uni	ORIGINAL SIGN	IED BY JERRY SEXTO			•	OCT 1 0 1990
APPROVED BY	MISS I TENNE	۱۹۹ <del>کیت این د ۱۱۷ سته ۱۱۹ سته درد این و ۱</del>	TI	NE		DATE

RECEIVED

**OCT** 0 9 1990

OCD HOBBS OFFICE