

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> Or GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Gem, 8705 JV-P
2. Name of Operator BTA Oil Producers	8. Well No. 3
3. Address of Operator 104 South Pecos, Midland, TX 79701	9. Pool name or Wildcat Teas (Bone Spring Gem, East (Morrow)
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 3593' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

10-9-90 Depth 3100' Cmt'd 13-3/8 K-55 STC csg @ 3100' w/2200 sx Cmt Circ, WOC Cut off 20" csg & WOC 12 hrs, Cut off 13-3/8" csg.

10-10-90 Installed csg head & BOP's, Cleaned out to shoe, Tstd csg to 1000 psi, WOC 24 hrs total, Drld shoe, Drlg 12-1/4" hole.

10-15-90 Depth 5462', Cmt'd 9-5/8" 40# HC80 & K55 LTC csg @ 5462' w/1600 sx, Cmt circ, WOC 12 hrs.

10-16-90 Set slips & cut off csg, Installed spool & BOP's, Tstd csg to 2000 psi, WOC 24 hrs total, Drld shoe, Drlg 8-3/4" hole.

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 10-17-90

TYPE OR PRINT NAME Dorothy Houghton

TELEPHONE NO. 915-682-3750

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

APPROVED BY _____ TITLE _____ DATE OCT 19 1990

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 18 1990

**OCD
HOBBS OFFICE**