CONDITIONS OF APPROVAL, IF ANY:

## 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 8824	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-025-31209
DISTRICT II P.O. Drawer DD, Artesia, NM 81	8210	5. Indicate Type of Lease STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM	87410	6. State Oil & Gas Lease No. V-2199
( DO NOT USE THIS FORM DIFFEREN	RY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A IT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. WELL X	GAS OTHER	Gem, 8705 JV-P
2. Name of Operator		8. Well No.
BTA Oil Pro 3. Address of Operator	oducers	9. Pool name or Wildcat
104 S. Peco	os, Midland, TX 79701	Teas (Bone Spring)
<b>.</b>	: 510 Feet From The South Line and 19	980 Feet From The West Line
Section 2	Township 20S Range 33E	NMPM Lea County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
<u> </u>	Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLIN	G OPINS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB X
OTHER:	OTHER:	D
12. Describe Proposed or Compi	pleted Operations (Clearly state all pertinent details, and give pertinent dates, incl.	uding ustimated date of starting any proposed
4-22-91	Depth 3130', Cmtd 13-3/8" 68# K-55 STC @ 3 WOC 12 hrs, Install csg hd & BOP's.	130' w/2200 sx cmt circ
4-23-91	Clnd out to shoe, Tstd csg to 1000 psi, WO Drlg 12-1/4" hole.	C 24 hrs total, Drld shoe,
	Depth 5550', Cmtd 8-5/8" 32# J-55 STC & HC TOC @ 4160', WOC.	80 STC @ 5550' w/1700 sx
<u>5-1-91</u>	Set slips & cut off csg, Installed spool & psi, WOC 24 hrs total, Drld shoe, Drlg 7-7	BOP's, Tstd csg to 2000 7/8" hole.
5-2-91	Depth 5825', Drlg 7-7/8" hole.	
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I hereby certify that the information	on about in the mid-phomplete to the best of the knowledge and belief.	5.0.01
SIONATURE MOREL	My Weller me Regulatory	Administrator DATE 5-2-91
TYPE OR FRONT NAME DOI	rothy Houghton	TELEPHONE NO 915-682-375
(This space for State Use)	BAR TO AND THE SERVICE ON THE SERVICE OF THE SERVIC	LODE SEE AVW