## State of New Mexico Ene \_\_\_, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

|   |   |   |                   |                  | •   |  |                          |                                    |                                       |                                       |             |  |
|---|---|---|-------------------|------------------|---|--|--------------------------|------------------------------------|---------------------------------------|---------------------------------------|-------------|--|
| DISTRICT  <br>P.O. Box 1980, Hobbs, NM 88   | OIL CONSERVATION DIVISION<br>2040 Pacheco St.     |   |                   |                  |   | WELL API NO.                                 |                          |                                    |                                       |                                       |             |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM  | Santa Fe, NM 87505                                |   |                   |                  |   | 30-025-31271<br>sIndicate Type of Lease      |                          |                                    |                                       |                                       |             |  |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410   |   |   |                   |                  |   |  | «State Oil &             |                                    | STATE                                 | X F                                   | EE          |  |
| 1000 NO BIAZOS RG., AZIEC, NM 6/410   |   |   |                   |                  |   |  | 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.) |   |   |                   |                  |   |  |                          | 7Lease Name or Unit Agreement Name |                                       |                                       |             |  |
| Type of Well:   |   |   |                   |                  |   |  | Gem, 87                  | 705 JV                             | -P Prop. (                            | Code 00231                            | 4           |  |
| WELL 🔀  | WELL  | · · · · · · · · · · · · · · · · · · ·               | OTHER             |                  |   |  |                          |                                    |                                       |                                       |             |  |
| aName of Operator BTA OIL PRODUCE   | RS Ogrid#   | 003002  |                   |                  |   |  | «Well No.<br>5           |                                    |                                       |                                       |             |  |
| *Address of Operator 104 SOUTH PECOS,  *Well Location   | MIDLAND, T X                                      | 79701   |                   |                  |   |  | Pool name                |                                    |                                       | · · · · · · · · · · · · · · · · · · · |             |  |
| Unit LetterM  | 660 Fe  | et From The   | South             |                  | Line and  | 810  | Feet Fro                 | om The                             | Wes                                   | et .:.                                | _           |  |
| Section   | 2   | Tournahin   | 20-S              |                  |   |  | 700.110                  | om me                              |                                       | St Lin                                | e           |  |
|   |   | Township  10Elevation                               | (Show whether     | r DF,            | Range 3:<br>RKB, RT, GR, etc.)  | 33-E   | NMPM                     |                                    | Lea                                   | County                                | 100 100 140 |  |
|   |   | 3578' G   | R 3592' R         | KB               |   |  |                          |                                    |                                       |                                       |             |  |
| 11  | Check Appr  | opriate Box   | to Indicate       | ∍ Na             | ture of Notice  | e, Repo                                      | ort, or O                | ther D                             | ata                                   |                                       |             |  |
| NOTICE OF INTENTION TO: SUBS  |   |   |                   |                  |   |  |                          | SEQUENT REPORT OF:                 |                                       |                                       |             |  |
| PERFORM REMEDIAL WORK   | $\boxtimes$                                       | PLUG AND ABANDON REMEDIAL WORK                      |                   |                  |   |  |                          |                                    | ALTERING                              | CASING                                |             |  |
| TEMPORARILY ABANDON CHANGE PLANS COMME  |   |   |                   |                  |   | DMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT |                          |                                    |                                       |                                       |             |  |
| ULL OR ALTER CASING CASING TEST AND CEN   |   |   |                   |                  |   | D CEMEN                                      | Т ЈОВ                    |                                    |                                       |                                       | لــا        |  |
| OTHER: OTHER: Plug Back 8   |   |   |                   |                  |   |  | Test Upper Delaware      |                                    |                                       |                                       |             |  |
| <sup>12</sup> Describe Proposed or Complework) SEE RULE 1103.   | eted Operations (C/                               | early state all pertir                              | nent details, and | d give           |   |  |                          |                                    |                                       |                                       | 🖂           |  |
| 08/31/99 RU pu<br>tag C   | mp truck, pmp<br>IBP@8151', ca<br>rab, RIH w/ Swt | 45 bbls 2% KC<br>p w/ 30' cmt, P<br>p. POH w/ tha 8 | Nutrdown o        | asing<br>ireling | Swab. Rel pkr, PC<br>g. RIH w/ csg gui<br>e truck, RIH & set<br>w/ 5-1/2" 17# CIB<br>CIBP @ 8002' S | n. Perf<br>t pkr. R                          | 8062' - 80<br>U swab - 9 | 94'. RI<br>swbg &                  | H w/ dump                             |                                       |             |  |
| I hereby certify that the informa   | ation above is true                               | ne complete to the                                  | best of my kno    | wledg            | e and belief.   |  |                          | <del></del>                        | · · · · · · · · · · · · · · · · · · · | -                                     |             |  |
| SIGNATURE //  | ref &   | Vallate   | OK                |                  | E Regulatory Ad   | dministra                                    | ator                     |                                    | DATE <u>09</u>                        | -07-99                                |             |  |
| TYPE OR PRINT NAME DORO   | THYHOUGHT   | ON /  |                   |                  |   |  |                          | T                                  | ELEPHONE NO                           | . 915/682-3°                          | 753         |  |
| (This space for State Use) ORIGINAL   | SIGNED BY C                                       | HHS WILLIA  | ME                |                  |   |  |                          |                                    |                                       |                                       |             |  |
| DIS   | STRICT I SUP                                      | -HAISOL   |                   | <b>T1~</b> .     | <b>-</b>  |  |                          |                                    | C.                                    | 7 1                                   |             |  |
| CONDITIONS OF APPROVAL, IF AN   | NY:   |   |                   | TITL             | E   |  |                          |                                    | DATE                                  | 1.                                    |             |  |

