

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-31271
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-2199
Lease Name or Unit Agreement Name Gem, 8705 JV-P Prop. Code 002314
Well No. 5
Pool name or Wildcat Wildcat

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator BTA OIL PRODUCERS Ogrid # 003002	
Address of Operator 104 SOUTH PECOS, MIDLAND, TX 79701	
Well Location Unit Letter M : 660 Feet From The South Line and 810 Feet From The West Line Section 2 Township 20-S Range 33-E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3578' GR 3592' RKB	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Plug Back & Test Delaware ☒

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.

08/08/99 MIRU - POH w/ rods & pump
08/09/99 PU & RIH w/ CIBP. Set CIBP @ 9252', test CIBP to 1000 psi
08/10/99 RIH & dump 40' cmt on CIBP. Perf 8,174 - 8,207'. RU swab.
08/12/99 Swbg - RU Halliburton frac dwn tbg w/ 14,000 gals Delta Frac + sd
08/13/99 Swbg & testing to evaluate

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 08-17-99
TYPE OR PRINT NAME DOROTHY HOUGHTON

TELEPHONE NO. 915/682-3753

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

TITLE _____ DATE AUG 26 1999

CONDITIONS OF APPROVAL, IF ANY:

2A Teas Bend Spring