

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. 30-025-34726
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 002314 Gem, 8705 JV-P
Well No. 7
Pool name or Wildcat Teas, Delaware Code #96797

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>20 S</u> Range <u>33 E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3581' GR 3598' 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: Rig Release ☐

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.

PATTERSON DRILLING COMPANY- Rig #49, P. O. Drawer 1416, Snyder, TX 79550

12/15/99 TD 9,700' Circ & POH. Ran open hole logs.

12/16/99 Circ & POH. RIH w/ 5-1/2" csg (17# N80; J55 LTC) @ 9,700' Cmt'd csg w/ 1425 sx Circ DV Tool @ 3,708' & WOC. Cmt Circ.

12/17/99 Released Rig - MORT

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 12-17-99

TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

✓

