

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.  
30-025-30561

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-1268

7. Lease Name or Unit Agreement Name

Gramma, 8817 JV-P Com.

8. Well No.  
1

9. Pool name or Wildcat  
*Gramma Ridge Morrow Gas*

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator  
BTA OIL PRODUCERS

3. Address of Operator  
104 South Pecos, Midland, Texas 79701

4. Well Location  
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line  
Section 16 Township 22S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3544' GR 3564' RKB

11. 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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

8-3-92 RU Western  
Acidize down tbq w/6000 gal 50/50 7 1/2% MSA & methonal w/ 50% CO<sub>2</sub>  
Swabbing & Testing

8-17-92 Gas rate 518 MCFD w/TP 65 psi.....

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Dorothy Doughton* TITLE Regulatory Administrator DATE 8-17-92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

AUG 19 '92

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

CONDITIONS OF APPROVAL, IF ANY: