

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1268

7. Lease Name or Unit Agreement Name Grama, 8817 JV-P Com.
8. Well No. 1
9. Pool name or Wildcat Grama Ridge (Morrow)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 22-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,544' GR 3,564' RKB
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

5-16-89 TD 13,500' Cmt'd 5" 23.2# P110 & S-95 SFJP liner from 11,019' to 13,499' w/ 350 sx class "H" w/ .6 of 1% Halad 22 & 5#/ sx KCL. WOC.

5-17-89 Cleaned out to 5" liner top @ 11,019'. Circ. Tested to 2,000 psi on 12 ppg fluid - OK.

5-18-89 WIH w/ 3 7/8" mill, cleaned out to 13,348' Circ. Tested to 2,000 psi on 12 ppg fluid. Displaced hole w/ 2% KCL wtr.

5-19-89 Released rig: 8:30 p.m. MORT - Prep to complete.

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 5/22/89
TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. (915) 682-3753

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 24 1989

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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4-23-89 Depth 11,500' Cmt'd 7 5/8" 29.7# P110 & 33.7# S95 LTC csg @ 11,500'
w/ 2400 sx. "DV" tool @ 6,483'. WOC 10 hrs between stages. Cmt
Circ. Set slips, installed spool & BOP's. Tested BOP's. Tested
"DV" tool & float collar to 2500 psi w/ 9.0 ppg brine wtr.

4-25-89 Drlg 6 1/2" hole.

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 4/25/89
TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. (915) 682-3753

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE APR 27 1989

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1989
OCD
HOBBS OFFICE