

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. 30-025-30587
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2712
7. Lease Name or Unit Agreement Name Grama -B-, 8817 JV-P
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 -N- : 660 Feet From The South Line and 1980 Feet From The West Line Section 27 Township 21-S Range 34-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,691' GR 3,711' 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.

5-11-89 Depth 5,260' Cmt'd 10 3/4" 45.5# K55 STC & 51# N80 BTC csg @ 5,260'
w/ 2,750 sx. Cmt circ. WOC. 8 hrs cut-off, installed csg hd and
BOP's. Cleaned out to shoe & tested csg to 1500 psi. WOC 18 hrs.
total & Drld shoe. Drld 9 1/2" hole.

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

SIGNATURE Dorothy Naughton TITLE Regulatory Administrator DATE 5/12/89
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

MAY 15 1989