

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 ☒ FEE ☐

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 ☐

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 -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.

4-27-89 Spudded: 10:00 A.M. Drlg 20" hole.

4-29-89 Depth 1,197' Cmt'd 16" 75# K55 & 53# H40 BTC csg @ 1,197'
w/ 1300 sx Cmt Circ. WOC - 8 hrs. Cut-off, installed
flange & BOP's. Cleaned out to shoe & tested csg to 500 psi
WOC 18 hrs total & drld shoe. Drlg 14 3/4" 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 5/1/89

TYPE OR PRINT NAME

DOROTHY HOUGHTON

TELEPHONE NO. (915) 682-3753

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 3 1989