

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. 30-025-35283
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Merchant, 8700 JV-P
Well No. 1
Pool name or Wildcat Wilson, (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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator BTA OIL PRODUCERS	OGRID #003002
Address of Operator 104 SOUTH PECOS	MIDLAND, TX 79701
Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>21S</u> Range <u>34E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3662' GR	

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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: Open hole logs, 9-5/8" csg ☐

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.

CONTRACTOR: TMBR/Sharp Drilling, Inc. - Rig #28

01/01/01 Depth 5,325'. Ran open hole logs. Ran 9-5/8" csg & set @ 5,325'. Cementing.

01/02/01 Depth 5,325'. DV Tool @ 4,492'. 9-5/8" C @ 5,325' w/450 sx. PD: 9:48 a.m. 1/01/01. Circ DV Tool @ 4,492' & WOC. Cmt circ. CP @ 4,492' w/1150 sx. PD: 3:50 p.m. 1/01/01. Cmt did not circ. TOC by temp survey @ 1520'. Set slips, cut-off, installed csg spool & BOP's. Tested BOP's.

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

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 01-02-01

TYPE OR PRINT NAME Pam Inskeep

TELEPHONE NO. (915) 682-3753

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: