

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

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| WELL API NO. 30-025-35287 |
| Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| State Oil & Gas Lease No. |
| Lease Name or Unit Agreement Name |
| State "23" Com, 20005 JV-P |
| Well No. 1 |
| Pool name or Wildcat Wilson, Penn South (Gas) |

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|---|--|
| 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>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>21S</u> Range <u>34E</u> NMPM Lea 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud, 13-3/8" 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

04/22/01 Depth 117'. Rigged up. Spudded 5:30 a.m. 4/22/01.

04/25/01 Depth 1,282'. Drilled 17-1/2" hole in shale & anhydrite. 13-3/8" set @ 1,282'.

04/26/01 Depth 1,282'. 13-3/8" C @ 1,282' w/875 sx. Cmt circ.

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 04-30-01

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: