

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.

30-025-30535

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG - 1025

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 -L- : 1980 Feet From The South Line and 990 Feet From The West Line

Section 11 Township 23-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,367' GR 3,387' RKB

7. Lease Name or Unit Agreement Name

Brian, 8036 JV-P

8. Well No.

1

9. Pool name or Wildcat

Antelope Ridge

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.

3-8-89 Depth 5,240' Cmt'd 10 3/4" 45.5# K55 & 51# N80 STC csg @ 5,240' w/ 3,500 sx.
Cmt Circ. WOC. Installed csg hd & BOP's. Cleaned out to shoe. Tested csg
to 1500 psi. WOC 18 hrs. total. Drld shoe. Drlg 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 Houghton TITLE Regulatory Administrator DATE 3-9-89

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 _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 13 1989

RECEIVED

MAR 10 1961

OTD
HODS OFFICE

RECEIVED
MAR 10 1961
HODS OFFICE