

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.

30-025-31613

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-1025

7. Lease Name or Unit Agreement Name

Hudson State, 8016 JV-P Com

8. Well No.

2

9. Pool name or Wildcat

Antelope 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 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section 11 Township 23S Range 34E NMPM Lea County

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

3366' GR, 3380' 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.

12-12-92: Depth 4987', Cmt'd 9-5/8" 40# S-80 & J-55 LTC csg @ 4987 w/2600 sx
cmt, circ, WOC 12 hrs, Set slips & cut off, Installed csg spool
& BOP, Clnd out to shoe, Tstd csg to 2000 psi, WOC 18 hrs total.
Drld shoe.

12-13-92: Drlg 8-3/4" hole.

12-15-92: Depth 5547', Drlg 8-3/4" 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

12-15-92

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

DEC 17 '92

CONDITIONS OF APPROVAL, IF ANY: