

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. 30-025-27960
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Byers, 8605 JV-P
8. Well No. 2
9. Pool name or Wildcat Undesignated (Queen)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676' GR

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD
2. Name of Operator BTA OIL PRODUCERS
3. Address of Operator 104 South Pecos, Midland, TX 79701
4. Well Location Unit Letter -G- : 1980 Feet From The North Line and 1780 Feet From The East Line Section 23 Township 20-S Range 35-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/> Status <input checked="" type="checkbox"/>

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.

INJECTION WELL SHUT-IN 12-04-96

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

SIGNATURE Dorothy Moughton TITLE Regulatory Administrator DATE 12/11/96

TYPE OR PRINT NAME DOROTHY MOUGHTON

TELEPHONE NO. 915/682-3753

(This space for State Use)

JAN 07 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: