Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 May 27, 2004
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL	CONSERVATION DIVISION	30-015-24206 5. Indicate Type of Lease
	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr , Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO DRI DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)	LL OR TO DEEPEN OR PLUG BACK TO A PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Ogden
1. Type of Well: Oil Well Gas Well	Other 22 2007	8. Well Number 1
Name of Operator BTA Oil Producers	Other OCT 22 2007 OCD-ARTESIA	9. OGRID Number 003002
3. Address of Operator	OCD-ARTIE	10. Pool name or Wildcat
104 S. Pecos, Midland, TX 79701		South Culebra Bluff (Bone Spring) 115011
4. Well Location Unit Letter G: 1980 feet from the north line and 1830 feet from the east line		
Section 29	Township 23S Range 28E-	NMPM Eddy County
	tion (Show whether DR, RKB, RT, GR, etc.	
3083' GR Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-G	Grade Tank: Volume bbls; C	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
PERFORM REMEDIAL WORK PLUG AN	PLANS COMMENCE DR	RK
, —	_	; –
OTHER: Vent gas/Plant Shutdown		
BTA Oil Producers respectfully requests permission to vent this well for a period of two days from 10/23/2007 through 10/24/2007 due to Enterprise South Carlsbad Compressor Station shut-in for routine maintenance.		
This well produces an average of 4 MCFD with no H2S. OCT 2007 Received Hobbs OCD OCD OCD OCD OCD OCD OCD OC		
		- 120
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan [].		
SIGNATURE HOM LINSKUIJL	TITLE Regulatory Admin	istrator DATE 10/15/2007
Type or print name Pam Inskeep	E-mail address: pinskeep@b	taoil.com Telephone No. 432-682-3753
For State Use Only	788 558888	OCT 2 2 2007
APPROVED BY: Conditions of Approval (if any):	FOR RECORDS ONLY	DATE
Conditions of Approval (if any): Should have been submitted on C129 for approval		