Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

c155 Dp

WELL API NO. 30-015-27090

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. V-735

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.)

7. Lease Name or Unit Agreement Name: Lusk -B-, 9209 JV-P

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: BTA Oil Producers

8. Well No. 1

3. Address of Operator: 104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat: Lusk, West (Delaware)

4. Well Location
Unit Letter P : 800 Feet From The South Line and 560 Feet From The East Line
Section 16 Township 19-S Range 31-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3508' GR 3521' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [X]	
OTHER: [ ]		OTHER: Rig Release [XX]	

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.

7-27-93: TD 6850', Cmtd 5-1/2" 20# K55 LTC csg @ 6850' w/1300 sx. WOC
Released Rig @ 5:00 p.m.
Prep to complete.

900 sx Hal lgt w/0.6% Halad 9 5#/sx salt 5#/sx Gilsonite 1/4#/sx Flocele
400 sx Cl-H-w/ 3#/sx salt 0.5% CFR-2 1/4#/sx Flocele

RECEIVED
AUG - 6 1993
O. C. D.

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 8-2-93

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. (915) 682-3753

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 10 1993

CONDITIONS OF APPROVAL, IF ANY: