

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

AUG 26 1993

WELL API NO.	30-015-27090
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-735
7. Lease Name or Unit Agreement Name	Lusk -B-, 9209 JV-P
8. Well No.	1
9. Pool name or Wildcat	Lusk, West Delaware

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 Dry	2. Name of Operator BTA Oil Producers - Southeastern Pet Inc
3. Address of Operator 104 S. Pecos, Midland, TX 79701	4. Well Location Unit Letter P : 800 Feet From The South Line and 560 Feet From The East Line Section 16 Township 19S Range 31E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3508' GR 3521' RKB	

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"/>

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.

Well taken over by Southeastern Petroleum, Inc.

Effective: 8-27-93

Post ID-3
9-10-93
cky op

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 8-25-93
(915)
TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 682-3753

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SEP 3 1993

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: