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

RECEIVED
APR 17 '89
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

c15F DP

WELL API NO.
30-005-62670

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

6. State Oil & Gas Lease No.
V-2829

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
Buffalo, 8816 JV-P

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

8. Well No.
1

2. Name of Operator
BTA OIL PRODUCERS

9. Pool name or Wildcat
Buffalo Valley (Penn)

3. Address of Operator
104 South Pecos Midland, Texas 79701

4. Well Location
Unit Letter --E-- : 1650 Feet From The North Line and 990 Feet From The West Line

Section 31 Township 14-S Range 28-E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,531' GR 3,543' RKB

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.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			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.

4-13-89 Spudded: 10:30 A.M. Drlg 17 1/2" hole. Cmt'd 13 3/8" 54.5# J55 STC @ 307' w/ 410 sx. Cmt circ. WOC. Cut off and installed csg hd. NU BOP's. Cleaned out to shoe. Tested BOP's & csg to 1000 psi for 30 min on fresh wtr. WOC 12 hrs total.

4-14-89 Drlg 12 1/4" 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 4/14/89

TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. (915) 682-3753

(This space for State Use)

APPROVED BY [illegible] TITLE DATE APR 17 1989

CONDITIONS OF APPROVAL, IF ANY:

Come 15 hrs.