Submit 3 Copies To Appropriate District	State of New Me	evico	Form C-103
Office	ice Engage Minerals and Natural Decourage		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 C IVI		WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-31206  5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 NOV 0 8 2020 South St. Francis Dr.			STATE S FEE STEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM HOBSSOCS 87505			6. State Oil & Gas Lease No. NMNM078148
**************************************	ND REPORTS ON WELLS DRILL OR TO DEEPEN OR PL	UG BACK TO A	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well ☐ Gas Well ☒ Other	INJECTION —		French, 9004 JV-P
Name of Operator     BTA Oil Producers			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
104 S. Pecos, Midland, TX 79701  4. Well Location	· · · · · · · · · · · · · · · · · · ·		Corbin Wolfcamp, South
4. Well Location			
Unit Letter H: 1980	feet from thenorth	line and	510 feet from the east line
	Township 18S Elevation (Show whether Di	Range 32E R, RKB, RT, GR, etc	NMPM Lea County
	4' GR riate Box to Indicate N	ature of Notice	Report or Other Data
NOTICE OF INTENT			SEQUENT REPORT OF:
	AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON   CHAN	GE PLANS	COMMENCE DRIL	LLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTI COMP	PLETION	CASING TEST AN	ID 🗆
OTHER: Possible tubing leak		) 	und Injection Control Program Manual
<ol> <li>Describe proposed or completed operations. (Clearly state all pertisstarting any proposed work). SEE RULE 1103. For Multiple Comprecompilation.</li> </ol>			
Will pull injection tubing and check for l	eak. Will replace any bad	ioint(s), test and retu	urn to service.
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The Oil Conservation Division			Condition of Assessed Assessed
MUST BE NOTIFIED 24 Hours			Condition of Approval: notify
Prior to the beginning of operations			OCD Hobbs office 24 hours
			prior of running MIT Test & Chart
I hereby certify that the information above is	true and complete to the be	st of my knowledge	and belief.
SIGNATURE FAM JANGER	1	egulatory Administ	
Гуре or print name Pam Inskeep			Telephone No. 432-682-3753
(This space for State use)	0		1010phone 110. +32-002-3/33
APPPROVED BY		e see .	1197
Conditions of approval, if any:	TILE S	AN M	DATE /1-9-20/

