

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-025-29652 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name: Turner, 8408 JV-P |
| 8. Well No. 2 |
| 9. Pool name or Wildcat Double A, Lower (Abo) 19070 |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3868' GL |

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 ☒ Gas Well ☐ Other

2. Name of Operator
BTA Oil Producers

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

4. Well Location

Unit Letter C : 560 feet from the north line and 1980 feet from the west line

Section 21 Township 17S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: Vent gas/Plant Shutdown ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

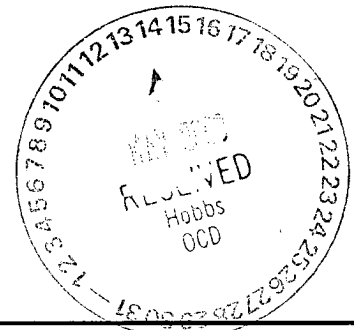
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

BTA Oil Producers respectfully requests permission to vent this well for a period of five days from 5/12/2003 through 5/16/2003 due to Duke Energy Lovington Booster shutdown to replace discharge line and hydrotest the booster.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 05/09/2003

Type or print name Pam Inskeep Telephone No. (915) 682-3753

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Ray W. Wink TITLE _____ DATE MAY 15 2003
Conditions of approval, if any: