Office Office	State of I				Form C	
District I	Energy, Minerals a	ınd Natui	ral Resources	WELL ADINO	Revised March 25	, 1999
1625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-025-24914		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
District III 1220 South St. Francis Dr.			STATE FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM				LG 1736		
87505 SUNDRY NOTICES AND REPORTS ON WELLS				7 Loggo Nome	or Unit Agreement N	ama:
(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 Omit Agreement Na	anne.
1. Type of Well: Oil Well ☑ Gas Well ☐ Other				Hugh 689-C		
2. Name of Operator				8. Well No.		
BTA Oil Producers				4		
3. Address of Operator 104 S. Pecos, Midland, TX 79701				9. Pool name or Wildcat Bagley N. Permo Penn		
4. Well Location	71			Dagley 14. 1 cm	io i citti	
Unit Letter O :	feet from the	south	line and1	.980feet fr	rom the <u>east</u>	line
Section 6	Township	12S	Range 33E	NMPM	Lea County	
	10. Elevation (Show w					
	4293' GL 4303'					10.1
	propriate Box to Inc	licate N				
NOTICE OF INTE		_		SEQUENT R		
PERFORM REMEDIAL WORK []	PLUG AND ABANDON		REMEDIAL WOR	к 📙	ALTERING CASIN	G∐
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION		CASING TEST AN	ND 🗆	, <u></u>	
OTHER: Cancel Former Request			OTHER:			
12. Describe proposed or completed o starting any proposed work). SEE recompilation.						
DTA O'I P. 1. (C.II.		c	. DOA 41	11 1 10 1	0/10/00031	
BTA Oil Producers respectfully as approved by Gary W. Wink o	requests a withdrawal on 9/12/2003.	of our inte	ention to P&A this		on 9/10/2003 and SEP 2003	15.05.05.1
					SEP 2005) [
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					000	, c
					2. 10.	
The second second						
I hereby certify that the information about	ove is true and complete	to the be	st of my knowledge	e and belief.		
SIGNATURE 1000 SIGNATURE	Cly 7	TITLE	Regulatory Admir	nistrator	_DATE_ <u>09/24/2003</u>	
Type or print name Pam Inskeep				Telep	phone No. (432) 682-	3753
(This space for State use)	. 0	-	. ——			
APPPROVED BY Laww. Conditions of approval, if any:	Wink T	ITLE C DISTRIC	CT SUPERVISOR/C	JENERAL MÄN A	GERATEEP 25	<u> 200</u> 3
V						