Submit 3 Copies To Appropriate District Office		New M		Form C	-103	
<u>District I</u> 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised March 25, 1999		
District II	OIL CONSERVATION DIVISION			WELL API NO. 30-025-29551		
811 South First, Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE	FEE 🗆	
1220 S. St. Francis Dr , Santa Fe, NM 87505	NM			6. State Oil & Gas Lease No. LG-7965		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name o	or Unit Agreement Na	ıme:
(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)					0	
1. Type of Well: Oil Well Gas Well Other SWD				Buckeye –B-, 8601 JV-P		
2. Name of Operator				8. Well No.		
BTA Oil Producers \(\times 30027				2		
3. Address of Operator 104 S. Pecos, Midland, TX 79701				9. Pool name or Double A Abo		
4. Well Location						
Unit Letter G:	1980 feet from the	north	line and	1980 feet from	the <u>east</u> lin	e
Section 36	Township	170	Dames 25F	NII (D) (-	
Section 30	10. Elevation (Show v	17S whether D	Range 35E	NMPM	Lea County	
	3890' GR	3905' RI	KΒ			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF IN	TENTION TO:		SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	I 🗀	REMEDIAL WOR	к 🗆	ALTERING CASIN	G □
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS. 🗌	PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ND 🗆	ABANDONMENT	
OTHER:			OTHER: MIT		10	
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 pressure tested this well on 2/18/2008 to 525 psi. Pressure held for 30 minutes.						
with the OCD witnessed said test.						
with the GOD withessed said test.				MEUI	iveu	
Original chart is attached.						
				FEB 2	0 2008	
This Ap	proval of Tempora conment Expires	ary 2/18	12013	HOBB	SOCD	
		•				
I hereby certify that the information	above is true and comple	ete to the l	pest of my knowledg	ge and belief.		
SIGNATURE	S		Regulatory Admini		DATE_ <u>02/20/200</u>)8
Type or print name Pam Inskee	p pinskee	p@btaoil.	com	Telenho	one No. (432) 682-37	_
(This space for State use)						
APPPROVED BY Conditions of approval in any:		TITLE_	seologist		_bAAR 2 8 20	00 3

