

RECEIVED

SEP 29 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. /

30-025-26068

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-6315

7. Lease Name or Unit Agreement Name

LEA, 7406 JV-S

8. Well Number 009Y /

9. OGRID Number 003019

10. Pool name or Wildcat

COMANCHE STATELINE -YATES

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

1045 SOUTH PECOS MIDLAND, TX 79701

4. Well Location

Unit Letter D : 990 feet from the WEST line and 700 feet from the NORTH lineSection 28 Township 26S Range 36E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☒CASING/CEMENT JOB ☐OTHER: ☐

13. 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 recompletion.

9/18/09 SET CIBP @ 3109' - CIRCULATE PLUGGING MUD - SPOT 25 SACKS @ 3109'

9/21/09 - PERF AND SPOT 35 SACKS @ 2150' - TAG @ 1941' - PERF @ 1450' - PUMP 40 SACKS

9/22/09

Spud Date:

Rig Release Date:

Approved for plugging of well bore only.

Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

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

SIGNATURE

TITLE

DATE

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

DISTRICT 1 SUPERVISOR

SEP 30 2009