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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Sunray, 682 Ltd.
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Lea

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator BTA OIL PRODUCERS
3. Address of Operator 104 South Pecos Midland, Texas 79701
4. Location of Well UNIT LETTER "N" 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 9-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

P&A Procedure:

1. Notify NMOCC 24 hours in advance.
2. Between plugs 9.5#/gal. Mud.
3. Set CIBP @ 12,500' w/3 sx cmt on top.
4. Set CIBP @ 9,850' w/3 sx cmt on top.

Approved By NMOCC John W. Runyan.

Well Released to Maurice L. Brown.

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

SIGNED Bob Newland Bob Newland TITLE Regulatory Supervisor DATE 4/14/76
Original Signed by John W. Runyan
APPROVED BY John W. Runyan TITLE Director DATE 4/14/76
CONDITIONS OF APPROVAL, IF ANY: