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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.	
V - 2564	

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"/>	7. Unit Agreement Name
2. Name of Operator BTA OIL PRODUCERS	8. Farm or Lease Name Eagle, 8806 JV-P
3. Address of Operator 104 South Pecos, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER -E- 1980 FEET FROM THE North LINE AND 710 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 10-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Lane (Abo)
15. Elevation (Show whether DF, RT, GR, etc.) 4,214' GR 4,227' K.B.	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

7-9-88 TD 9,810' PB 8,933' Cmt'd 5 1/2" 17# LTC csg @ 9,020' w/ 1700 sx.
TOC by temp survey @ 5,570'. WOC - 24 hrs. Released rig 3:00 p.m. 7/9/88
Prep to complete.

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

SIGNED Dorothy Haughton TITLE Regulatory Supervisor DATE 7/15/88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: