NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

SEP ... 1969

5a. Indicate Type of Lease State ☐   Fee ☒

5. State Oil & Gas Lease No.

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

BTA Oil Producers

8. Farm or Lease Name

Cash 691 Ltd.

3. Address of Operator

104 So. Pecos, Midland, Texas 79701

9. Well No.

1

4. Location of Well

UNIT LETTER __L__, __1874__ FEET FROM THE __South__ LINE AND __554__ FEET FROM

THE __West__ LINE, SECTION __9__ TOWNSHIP __9-S__ RANGE __36-E__ NMPM.

10. Field and Pool, or Wildcat

Undesignated--Penn

15. Elevation (Show whether DF, RT, GR, etc.)

4081' K.B.

12. County

Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐   REMEDIAL WORK ☐   ALTERING CASING ☐

TEMPORARILY ABANDON ☐   COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐   CASING TEST AND CEMENT JOB ☒

OTHER _____   ☐   OTHER _____   ☐

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.

8-16-39:   Now drilling 7-7/8" hole @ 7324'.

8-23-69:   Now drilling 7-7/8" hole @ 9148'.

9-1-69:   Drilled 7-7/8" hole to 9870'. Ran 5½" O.D. 17# J-55 & N-80 casing set @ 9870' w/300 sx. cement. Plug down 1 p.m. 9-1-69.   WOC.

9-2-69:   After WOC 18 hrs., pressure tested casing w/1500# for 30 min. Held O.K. Now MORT and prep. to complete.

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

SIGNED _____ TITLE ___Drilling Manager___ DATE ___9-3-69___

APPROVED BY _____ TITLE SUPERVISOR DISTRICT I DATE ___ 1969

CONDITIONS OF APPROVAL, IF ANY: