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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.

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 Penn, 7504 JV-D
3. Address of Operator 104 South Pecos Midland, Texas 79701	9. Well No. 3
4. Location of Well UNIT LETTER "G" 1830 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 12-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Well Pecos
15. Elevation (Show whether DF, RT, GR, etc.) 4295'	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1/29/76 Cmtd 5-1/2" 17#, & 23# K-55 LT&C & N-80 LT&C @10,500' w/1225 sx
50-50 Poz mix w/6% gel, & 7#/sx salt & .3 of 1% CFR-2. PD @ 3:00 P.M.

1/30/76 W.O.C. 18 hrs Tested to 1500 lbs. Held O.K.

1/31/76 MORT

2/1/76 Prep to complete

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 1/23/76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 13 1970

U. S. CONSERVATION COMMISSION
WASHINGTON, D. C.