| DISTRIBUTION SANTA FE   |   |                   |                     |                    |               |      | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 |             |       |
|---|---|-------------------|---------------------|--------------------|---------------|------|--|-------------|-------|
| U.S.G.S.  LAND OFFICE  OPERATOR   |   |                   |                     |                    |               |      | 5a. Indicate Type State X  5. State Oil & Ga               | Fee,        |       |
| 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 PERMIY -" (FCMM C-101) FOR SUCH PROPOSALS.)  1.  OIL TY GAS |   |                   |                     |                    |               |      | 7. Unit Agreement Name                                     |             |       |
| WELL A WELL OTHER-  2. Name of Operator  BTA OIL PRODUCERS  |   |                   |                     |                    |               |      | 8. Form or Lease Name  LCH 689-C Ltd.                      |             |       |
| 3. Address of Operator  104 South Pecos Midland, Texas 79701 4. Location of Well  |   |                   |                     |                    |               |      | 9. Well No. 3 10. Field and Pool, or Wildcat               |             |       |
| i   |   |                   |                     | st LINE AND        |               |      | N. Bagley  | (Penn       |       |
| THE South LINE, SECTION 31 TOWNSHIP 11-S RANGE 33-E NMPM  15. Elevation (Show whether DF, RT, GR, etc.)  4309'  |   |                   |                     |                    |               |      | 12. County<br>Lea  |             |       |
| 16.   |   | Appropriate B     |                     | e Nature of No     |               |      | er Data<br>REPORT OF:                                      |             | 777   |
| PERFORM REMEDIAL WO<br>TEMPORARILY ABANDON<br>PULL OR ALTER CASING  |   |                   |                     |                    |               |      | ALTERING CASING PLUG AND ABANDONMENT                       |             |       |
| OTHER   |   |                   |                     |                    |               |      |  |             | - LJ  |
| 17. Describe Proposed work) SEE RULE  | 1 103.  |                   |                     |                    |               |      |  |             | posed |
| ·   | Spudded 10:00 A.M. Cmtd 12-3/4" 41# @354' w/400sx Class C w/2% CaCl2. PD 4:00 P.M. Circ. 50 sx W.O.C. |                   |                     |                    |               |      |  |             |       |
| 5-6-76  |   |                   | ested to            | 1500# for          | 30 min.       | Helo | d O.K.   |             |       |
| <u>5-7-76</u><br>5-9-76   | Drlg Ahead.   |                   |                     |                    |               |      |  |             |       |
| 5-10-76   | Cmtd 8-5/8" 24# K-55 ST&C csg @3725' w/450sx PD 8:45 A.M.   |                   |                     |                    |               |      |  |             |       |
| 5-11-76   | W.O.C. 18hrs. Tested to 1500# for 30 min. Held O.K.  Drlg Ahead.                                      |                   |                     |                    |               |      |  |             |       |
|   | <i>y</i>  |                   |                     |                    |               |      |  |             |       |
|   |   |                   |                     |                    |               |      |  |             |       |
| 18. I hereby certify the  | _   | above is true and | i complete to the b | est of my knowledg | e and belief. |      |  | <del></del> |       |
| SIGNED By Nu  | wland   | Bob Newl          | and TITLE           | Regulatory         | Superv        | isor | DATE 5/1   | 2/76        |       |
| -   |   | Signed by         |                     |                    |               |      |  | . 1.        |       |

CONDITIONS OF APPROVAL, IF ANY 1, Supv.