Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-30465

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
V-2549

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.)

7. Lease Name or Unit Agreement Name
Wolverine, 9011 JV-P

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
BTA Oil Producers

8. Well No.
1

3. Address of Operator
104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat
Wildcat (San Andres)

4. Well Location
Unit Letter L : 2150 Feet From The South Line and 710 Feet From The West Line

Section 14 Township 10S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4205' GR

11. 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	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER: Re-entry	[XX]		

12. 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.

4-12-91 MIRU Completion Unit, Install BOP.

4-15-91 Drld cmt plugs, surface to 25', 1914'-2184', 4067'-4212', Ran bit to 4260', Circ hole clean & pulled bit to 4015'.

4-16-91 Ran bit to 4190', Circ & cond mud, Cleaned out bridge from 4546'-4561' & ran bit to 4790', Circ hole & cond mud, pulled bit to 4090'.

4-17-91 TD 12,822, PB 4705', Cmtd 5-1/2" 14# J-55 STC csg @ 4795' w/975 sx, Cmt circ, WOC, Prep to complete.

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

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 4-18-91

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 915-682-3753

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 22 1991

CONDITIONS OF APPROVAL, IF ANY: