Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980 Hobbs NM 88240 OIL CONSERVATION DIVISION

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P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.		
DISTRICT II	P.O. Box 20 Santa Fe, New Mexico		30-025-31000		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. L-332				
1000 Rio Brazos Rd., Aztec, NM 87410					
SUNDRY NOTI					
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER (FORM C-	7. Lease Name or Unit Agreement Name				
OIL X GAS WELL	OTHER		Sunray -A-, 6822 Ltd		
2 Name of Operator BTA Oil Producers			8. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
104 S. Pecos, Midland	TX 79701		Lane (San Andres)		
Section 36 11. Check A	10. Elevation (Show whether 4276 GR 4 Appropriate Box to Indicate	ange 33-E DF, RKB, RT, GR, etc.) 289 KB Nature of Notice, R	NMPM Lea County Report, or Other Data		
NOTICE OF INT	ENTION TO:	SUE	SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. XX PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB XX		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, a	nd give pertinent dates, inclu	iding estimated date of starting any proposed		
@ 498' w/300 shoe. Tstd	2:30 A.M., Drlg 12-1/4 0 sx, Circ cmt, WOC 6 1 BOP's & csg to 1000 ps 1rld shoe, Drlg 7-7/8"	hrs, Nipple up 1 i for 30 mins on	-5/8" 24# J55 STC csg BOP's, Cleaned out to n fresh wtr., WOC 18 hrs		
11-6-90 Depth 3,393'	, Drlg 7-7/8" hole.				
I hereby certify that the information above fu true	and complete to the best of my knowledge and	belief.			
SKINATURE COSOLIGE	Hough low m	ne_Regulatory_Ad	dministrator DATE 11-6-90		
TYPEOR PRINT NAME Dorothy Hou	ghton		TELEPHONE NO. 915-682-37		
(This space for State Use)	NET BY JERRY SEXTON				
DESTRIC	TI I SUPERVISOR		5000 - 1		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	···•	· · · · · · · · · · · · · · · · · · ·	DATE		