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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. V-1866	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry		7. Unit Agreement Name
2. Name of Operator BTA OIL PRODUCERS		8. Farm or Lease Name Tulk, 8801 JV-P
3. Address of Operator 104 South Pecos, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER -O- 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 14-S RANGE 32-E N.M.P.M.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4,347' GR 4,361' K.B.		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Proposed Procedure:

Set CIBP @ 4,300' w/ 35' cmt
20 sx Plug 4,050' - 3,950' (8-5/8" shoe)
Cut & pull 5-1/2" csg - TOC 1,700'
50 sx Plug 460' - 360' (13-3/8" shoe)
10 sx @ Surface
Install Dry Hole Marker

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

SIGNED L. D. Dwyer TITLE Administrative Supervisor DATE 7/8/88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: