Submit-3 Copies to Appropriate District Office	í gy, M	State of New Mexico gy, Minerals and Natural Resources Departm			Form C-103 Revised 1-1-89					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II DISTRICT DISTRICTION DISTRICTU DISTRICTUA DI DISTRICTION DI DISTRICTION DI DISTRICTION DI DISTRICTION DI DISTRICTION DI DI DISTRICTION DI DISTRICTION DI DISTRICTION DI					WELL API NO. 30-041-20880		<u> </u>			
DISTRICT II P.O. Drawer DD, Artesia, NM 8821			sIndicate Type of Le	ase	FEE					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						STATE FEEV_				
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.)					7Lease Name or Unit Agreement Name					
1Type of Well: OIL GAS WELL WELL OTHER Dry Hole					19651 Peterson 9419 .IV-P					
₂Name of Operator BTA OIL PRODUCERS						₀Well No. 1				
sAddress of Operator 104 South Pecos, Midland, TX 79701						Pool name or Wildcat Peterson, South 50360				
•Well Location Unit Letter _ <u>F/2</u> :	1980 Feet From The	North	Line and	660	Feet From The	West	Line			
Section	7 Township	6S	Range	34E	NMPM	Roosevelt	County			
veElevation (Show whether DF, RKB, RT, GR, etc.) 4376' GR										
¹¹ Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data										
NOTICE OF INTENTION TO: SUBS					SEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WO	ORK		ALTERING CA	SING			
TEMPORARILY ABANDON	CHANG	E PLANS		RILLING OF	PNS.	PLUG AND ANE	ANDONMENT	Χ		
PULL OR ALTER CASING			CASING TEST	AND CEME	INT JOB					
OTHER:			OTHER: FIN	AL ABAN	IDONMENT		*			

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The plastic has been cleaned up and ready for inspection!

Please release this location from you active leases.

I hereby certify that the information above is true and complete to the best of my knowledge and beli	əf.	
SIGNATURE ANALIA MULAND TITLE REGI	latory Administrator	DATE 05-05-99
TYPE OR PRINT NAME DOROTHY HOUGHTON		TELEPHONE NO. 915/682-3753
(This space for State Use)		
Kill Et al	Glade	Mar and
APPROVED BY TITLE TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:		