Submit 3 Copies to Appropriate
District Office

Energ:

State of New Mexico inerals and Natural Resources Department

Form C·103 Revised 1-1-89

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

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

DISTRICT III

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-31621 Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease

STATE XX FEE

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-3836
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL X OTHER	Vacuum, 9205 JV-P Com
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 Vacuum, North Aloka Mewo
4. Well Location Unit Letter L : 1980 Feet From The South	Line and 660 Feet From The West Line
Section 31 Township 16S Range	35E NMPM Lea County
10. Elevation (Show whether DF, 1) 4025 GR 4042 R	**************************************
11. Check Appropriate Box to Indicate Nati	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS C	OMMENCE DRILLING OPNS. $\overline{\mathbb{X}}$ PLUG AND ABANDONMENT $\overline{\mathbb{Z}}$
PULL OR ALTER CASING CA	ASING TEST AND CEMENT JOB $\overline{\mathbb{X}}$
OTHER: OT	THER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	e pertinent dates, including estimated date of starting any proposed
7-8-92: Spudded: 6:00 PM Drlg 17-1/2" hole	
	C) @ 423' w/480 sx WOC 6 hrs, Installed Tested BOP's & csg to 1500 psi for 30 Then drld shoe, Drlg 11" hole.
7-10-92: Depth 1800', Drlg 11" hole.	

		$\sim \sim \sim$						
I hereby certify that the in	formation stoppe is to	e and complete to the	my knowled	ge and belief.				
SIGNATURE SIGNATURE	older	Sough	WI	me Regulatory	Administrator	DATE	7-13-92	
SIGNATURE				•				
TYPE OR PRINT NAME						TELEPHONE NO.		

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

JUL 15'92

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: - TITLE -

- DATE -