Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088  DISTRICT II  Santa Fe, New Mexico 87504-2088		WELL API NO.	
		30-025-30417	
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease  STATE XX FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. VB 0363
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
1. Type of Well: OIL GAS WELL	OTHER SWE	)	Lovington, 8903 JV-P
2. Name of Operator			8. Well No.
BTA 0il Producers  3. Address of Operator			9. Pool name or Wildcat
104 South Pecos Midlan	d. TX 79701		Undesignated Yates
4. Well Location			
Unit LetterA :6	60 Feet From The North	Line and760	Feet From The <u>East</u> Line
Section 17	Township 16S	Range 37E	NMPM Lea County
		ether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	TENTION TO:	SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	XX ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONME			G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER: Re	e-entry & SWD XX
work) SEE RULE 1103.		ils, and give pertinent dates, inclu WD Order No. 393	iding estimated date of starting any proposed
8-15-90 - MIRU 8-16-90 - Drld surface pl 8-17-90 - Spot 1800 gal a 8-20-90 - POH w/tbg & pkr 8-21-90 - Ran 2-7/8" tbg 8-22-90 - GIH w/ HF 3" ba 2-7/8" X 2' pup 8-23-90 - Pmpd 130 bbls f 8-27-90 - Completed as SWI	cid, perf Yates 3288-4002 , A dwn csg w/10000 gal 2 open ended to BTM & displ ll & seat check valve, 2- jt on & off tool, 106 jt resh wtr @ 3 BPM.	<pre>w/4 spf (640holes), C 0% gelled acid, SION. aced hole w/fresh wtr, 7/8 X 2' pup it. Baker</pre>	OlH w/pkr & tbg, SION. POH. 8-5/8" loc-set pkr.
I hereby certify that the information above is try SIGNATURE  TYPE OR PRINT NAME  Dorothy	Mercyllen )	ge and belief. Regulatory Adm	inistrator DATE 8-31-90 TELEPHONE NO. 915-682-375
(This space for State Use)	rig. Sig.  Paul Kautz  Coologist		
APPROVED BY	<b>Ge</b> ologist	. TMLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			