Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe. New Mexico 87504-2088

5. Indicate Type of Lease STATE	FEE	
30-025-32468		
WELL API NO.		

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.				
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 X WELL OTHER	13935 Townsend, 9401 JV-P				
2. Name of Operator BTA 0il Producers	8. Well No. 1				
3. Address of Operator  104 S. Pecos, Midland, TX 79701	9. Pool name or Wildcat 05537 Big Dog, Strawn				
4. Well Location  Unit Letter 0 : 760 Feet From The South Line and 1	700 Feet From The East Line				
Section 30 Township 15S Range 35E NMPM Lea County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  4010 ' GR 4027 ' RKB					
Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO:	Report, or Other Data BSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI					
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB 🖾				
OTHER:					
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incomerk) SEE RULE 1103.	culturg estimated time of surring any proposed				
5-7-94: Spudded @ 1:00 a.m., Drlg 17-1/2" hole					
Depth 405', Cmt'd 13-3/8" (10 jts 54.5# K55 w/2% CaCl <sub>2</sub> . Cmt circ, WOC 6 hrs, cut off, Cleaned out to shoe, Tstd BOP's & csg to 15 wtr, WOC total 18 hrs, then drld shoe.	installed csg hd & BOP's.				
5-9-94: Depth 2150', Drlg 11" hole.					

I hereby certify that the information a	bove is true and complete of the best of my knowledge and belief.  TITLE Regulatory Administrator	- DATE 5-9-94 (915)
TYPE OR PRINT NAME	Dorothy Hougthon	<b>ТЕЦЕРНОПЕ NO.</b> 682-3753
(This space for State Use)	Orig. Signed by Paul Kautz Geologist	MAY 1 / 1004
APPROVED BY	TITLE	_ DATE
CONDITIONS OF APPROVAL, IF ANY:		