Submit 3 Copies To Appropriate District Office	State of		Form C-103				
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised March 25, 1999			
District II	OH CONGERNATION DWWGYGY			WELL API NO. 30-025-29551			
811 South First, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE			
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
87505					3-7965	•	
SUNDRY NOT	ICES AND REPORTS O	N WELL	S	7. Lease N	ame or Unit Agreen	nent Name:	
(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. Type of Well: Oil Well Gas Well Other SWD				Buckeye D 0601 N/ D			
Oil Well Gas Well Other SWD 2. Name of Operator				Buckeye –B-, 8601 JV-P			
BTA Oil Producers				8. Well No.			
3. Address of Operator				9 Pool non	no on Wilder		
104 S. Pecos, Midland, TX 79701				9. Pool name or Wildcat Double -A- Abo, South			
4. Well Location							
Unit Letter G:	1980 feet from the	41	**				
Oint Letter <u>d</u> .	1980 feet from the	north	line and1	<u>980</u> feet	from the <u>east</u>	line	
Section 36	Township	17S	Range 35E	NMPN	1 Lea Cour		
	10. Elevation (Show)	whether D	R, RKB, RT, GR, etc.	.)	A Lea Cour	aty	
3890' GR 3905' RKB 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF IN	ppropriate Box to Inc	dicate N	ature of Notice, F	Report or O	ther Data	·	
NOTICE OF IN PERFORM REMEDIAL WORK	PLICAND ARANDON		SUBS	SEQUENT	REPORT OF:		
Z. S.	, LEGG KIND YEYINDON		REMEDIAL WORK	(CASING 🗆	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS	☐ PLUG AND		
PULL OR ALTER CASING	MULTIPLE				ABANDON	MENT -	
	COMPLETION		CASING TEST AN CEMENT JOB	D			
OTHER:		[]	OTHER: TA				
12. Describe proposed or complete	d operations (Clearly st	ate all per	tinont dotails - 1				
12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion							
or recompilation.							
BTA respectfully requests that this well be given a status of <u>TEMPORARILY ABANDONED</u> .							
BTA pressure tested this well on 3/13/2002 to 520 psi. Pressure held for 30 minutes.							
CIBP was set at 9250'.							
Paul B. Maclaskey with the OCD witnessed said test.							
aut B. Maciaskey with the OC	D witnessed said test.				i de	12	
					G	<u></u> (2)\	
					1 Sec.	1	
4/23/01							
		-	7/25/07	FILM	للبي الله		
					<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
160 110	Alcon .	alo U	or my knowledge	anu dellet.			
SIGNATURE TUM WY	THILL T	TITLE	Regulatory Administ	rator	DATE_04/	01/02	
Type or print name Pam Inskeep	, ,			-			
(This space for State use)		Cirla: -	10 N 10 m	Те	lephone No. (915) (582-3753	
	/ · A i	C(X/) 4.2 × 1.	GNED BY		10-		
APPPROVED BY	<u></u>	MELE RE	INK Presentative ivs	STAFE MALV	DATE 23	Mark.	

<u>S</u>



