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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 7965	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
BTA OIL PRODUCERS		Buckeye-B-, 8601 JV-F
3. Address of Operator		9. Well No.
104 South Pecos Midland, Texas 79701		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER -A- 330 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 17-S RANGE 35-E NMPM.		Double -A-Abo, South
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3,886' GR 3,900' R.K.B.		Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Proposed Procedure:

Set CIBP @ 9,250' w/ 35' cmt.
20 sx @ 7,900' - Abo
20 sx @ 6,700' - Glorietta
20 sx @ 4,450' - 4,350' (8-5/8" shoe)
Cut & pull 5-1/2" csg - TOC 1,300'
50 sx @ 450' - 350' (13-3/8" shoe)
10 sx @ Surface
Install Dry Hole Marker.

100' PLUG 50' IN & 50' OF CUT POINT

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE HOLE TO BE APPROVED.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED L. D. Lopez TITLE Administrative Supervisor DATE 7/8/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: