

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-29929
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
V-1709

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. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
BTA Oil Producers

3. Address of Operator
104 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter D : 990 feet from the north line and 330 feet from the west line

Section 36 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3900' GR 3914' RKB

7. Lease Name or Unit Agreement Name:

Buckeye -C-, 8601 JV-P

8. Well No.
2

9. Pool name or Wildcat
Double -A- Abo, South

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Temporary Abandon ☒

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 Oil Producers respectfully requests TA status for this well.

10/31/2002 BTA set a CIBP @ 9,050' and pressured tested well (chart attached).

This Approval of Temporary
Abandonment Expires

12/17/07

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

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 12/02/02

Type or print name Pam Inskeep

Telephone No. (915) 682-3753

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

CC FIELD REPRESENTATIVE II/STAFF MANAGER