

Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I	energy, Minerals and Natural Resources				Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNAL MICHAEL PROVINCE			WELL AP	1 NO.)-025-29929
811 South First, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION				Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505				ATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State 0	Dil & Gas Lease No. -1709
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Well: Oil Well Gas Well	ICES AND REPORTS O SALS TO DRILL OR TO DEE CATION FOR PERMIT" (FOR	PEN OR PL	LIG BACK TO A		Vame or Unit Agreement Name:
Name of Operator BTA Oil Producers				8. Well No).
3. Address of Operator					me or Wildcat
104 S. Pecos, Midland, TX 7 4. Well Location	9701			Double –A	A- Abo, South
4. Well Location					-
Unit Letter <u>D</u> :	990 feet from the	north	line and	330 feet f	from the <u>west</u> line
Section 36	Township	17S	Range 35	E NMP	M Lea County
	10. Elevation (Show v 3900' GR	whether D. 3914' RK	R, RKB, RT, GR	, etc.)	
11. Check A	appropriate Box to Inc			ce Report or C	Other Data
NOTICE OF IN PERFORM REMEDIAL WORK □	HENITON TO:		REMEDIAL W	UBSEQUEN [*]	T REPORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	DRILLING OPNS	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST	T AND	ABANDONMENT
OTHER:			OTHER:		
12. Describe proposed or complet of starting any proposed work) or recompilation.	ed operations. (Clearly st . SEE RULE 1103. For I	tate all per Multiple (tinent details, ar Completions: At	nd give pertinent ttach wellbore dia	dates, including estimated date agram of proposed completion
BTA Oil Producers intends to	ΓΕΜΡΟRARILY ABANI	DON this	well.		
BTA will set a CIBP @ approx	timately 9.050' and pressi	ire test thi	s well on Wedn	anday 10/20/200	2 in 41
		are test till	a well off Medil	esday, 10/30/200	2, in the a.m.
					аэо 8930н
I hereby certify that the information	above is true and comple	te to the h	est of my know	ledge and haliof	
SIGNATURE Jam J	$\alpha \Omega U = 0$		Regulatory Adn		DATE_10/28/02
Type or print name Pam Inskee	; ;p			Ŧ	elephone No. (915) 682-3753
(This space for State use)				1	4400
APPPROVED BY	<u> </u>	TITLE	.D.W		NOV '- 1 2002 Date
Conditions of approval, if any:	200 g 100 g	1 M.C. 31		STATE MARIE	DATE