Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	CONSERVATION DIVISION	WELL API NO.	
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS		30-025-31686	
		5. Indicate Type of Lesse STATE X FEE	
		6. State Oil & Gas Lease No.	
		B4286	
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. U (FORM C-101) FO	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL Y WELL	OTHER	Craham 9715 IV D	
2. Name of Operator		Graham, 8715 JV-P 8. Well No.	
BTA 0il Producers 3. Address of Operator		1	
104 S. Pecos, Midland, TX 79701		9. Pool name or Wildcat	
4. Well Location		Lovington, Abo	
Unit Letter F :2291 Feet	From The North Line and 23	10 Feet From The West Line	
Section 3 Tow	maship 17S Range 36E	NMPM I a County	
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County	
	3863' GR 3877' RKB		
11. Check Approp	oriate Box to Indicate Nature of Notice, F		
NOTICE OF INTENTION	SUE	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PL	UG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CH	IANGE PLANS COMMENCE DRILLIN	G OPNS. X PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND C		
OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clework) SEE RULE 1103.	arty state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed	
10-7-92: Spudded @ 9	Spudded @ 9:00 a.m., Drld 17-1/2" hole cmtd 13-3/8" 54.5# J55		
	STC csg @ 404' w/450 sx, Cmt circ, WOC 8 hrs, Installed csg hd &		
	BOP's, Clnd out to shoe, Tested BOP's & csg to 1500 psi for 30 mins		
on fresh wtr, WOC 18 hrs total then drld shoe, Drlg 11" hole.			
	o, we to his total then dild s	noe, brig il noie.	
<u>10-9-92</u> : Depth 2065'	, Drlg 11" hole.		
Thereby apply that the Colonian Colonia			
I hereby certify that the information above is true and comp	a fit		
SIGNATURE SIGNATURE	mr Regulatory	Administrator_pate10-9-92_	
TYPE OR PRINT NAME Dorothy Houghton		TELEPHONE NO.	
(This space for State Use)	V DAV CAR- CO		
This space for Space Use CINAL SIGNED BY RAY SWEETS		007 1 4 92	
APPROVED BY FIELD REP. 1			