State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Revised 1-1-67
DISTRICT P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe. New Mexico 87504-2088	30-025-33053
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTR'CT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
	VA646
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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	17336 Shipp -B-, 9206 JV-P
OIL X GAS OTHER	
2. Name of Operator 003002 BTA 0il Producers	8. Well No.
3. Address of Operator 104 S. Pecos, Midland, TX 79701	9. Pool name or Wildcat 33490
4. Well Location	Humble City, Strawn
Unit Letter : 780 Feet From The North Line and 60	OO Feet From The West Line
	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3774 GR 3787 RKB	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON L. CHANGE PLANS . COMMENCE DRILLIN	G OPNS. $igsqcup$ PLUG AND ABANDONMENT $igsqcup$
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB []
OTHER: OTHER:	·
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	iding estimated date of starting any proposed
3-3-97 DISPLACE HOLE W/ MUD @ 11,212' - 9800'	•
3-4-97 SET CIBP @ 11,200' DUMP BAIL 35' CMT TO 11,165'	
3-4-97 SPOT 50 SX "C" @ 9,965' - 9,665' DISPLACE WOLE W/ M	ID TO SURFACE
3-5-97 SPOT 25 SX "C" @ 6,826' - 6,626'	ob 10 bonnob.
3-5-97 SPOT 25 SX "C" @ 4,581' - 4,381'	
3-5-97 SPOT 25 SX "C" @ 3,036' - 2,836'	
3-5-97 SPOT 25 SX "C" @ 1,617' - 1,417'	
3-5-97 SPOT 25 SX "C" @ 462' - 262'	
3-5-97 SPOT 10 SX "C" @ 30' - 3'	
3-5-97 INSTALL DRY HOLE MARKER.	
I hereby certify that the information above is true and complete to the best of my knewledge and belief.	
SKINATURE Regulatory A	dministrator DATE 03-14-97
TYPE OR PRINT NAME Dorothy Houghton	тецерноме NO. 915/682-375
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This space for State Use)

APPROVED BY JUNNY Koleinson

TILE ____

FEB 14 200

CONDITIONS OF APPROVAL, IF ANY!

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