Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box. 1980, Hobbe, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-33053
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	o 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. VA646
( DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	ICES AND REPORTS ON W OPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR F C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name 17336
1. Type of Well: OIL GAS WELL X WELL	OTHER		Shipp -B-, 9206 JV-P
2. Name of Operator 003002 BTA 0il Producer	rs		8. Well No.
3. Address of Operator 104 S. Pecos, M:	idland, TX 79701		9. Pool name or Wildcat 33490 Humble City, Strawn
4. Well Location  Unit LetterD-: 780 Feet From The North Line and 600 Feet From The West Line			
Section 15 Township 17S Range 37E NMPM Lea County			
	///////	787 RKB	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
	_	- ·	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING
PULL OR ALTER CASING	Г	OTHER:	EMENT JOB EES
OTHER:			
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.			
8-30-95: Depth 4510', Cmtd 8-5/8" 32# J55 STC csg @ 4510' w/1700 sx (1400 sx Hal Lite w/15#/sx salt & 1/4#/sx Flocele + 300 sx Cl-C-w/2% CaCl <sub>2</sub> ) Cmt circ, WOC, Set slips & cut-off, Install spool & BOP's, Cleaned out to shoe, Tested BOP's & csg to 1500 psi for 30 mins on fresh wtr, WOC 12 hrs, then drld shoe, Drlg 7-7/8" hole.			
8-31-95: Depth 4790', Drlg 7-7/8" hole.			
	and standarder to the heat of red broadlades	and belief	
I hereby certify that the information above is true and complete to the best of the knowledge and belief.  TITLE Regulatory Administrator DATE 9-1-95			
TYPE OR PRINT NAME DO PO TH			TELEPHONE NO. 915-687-3953
(This space for State Use)	191 - 1914 <u>1915</u> (1914 - 1914)		COTOS BY AROSE
APTROVED BY	FIL DELTA	mle	DATE 7 1005
CONDITIONS OF APPROVAL, IF ANY:			