Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Amnerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WE	LL API NO.	
	30-025-33053	
		_

5.	Indicate Type of L	STATE X	FEE	

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
TOOR THE THE TANK THE STATE ALL LES	VA646
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT LISE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	17336
(FORM C-101) FOR SUCH PROPOSALS.)	Shipp -B-, 9206 JV-P
1. Type of Well:	Snipp -b-, 9200 3V-1
OIL X WELL OTHER	
2. Name of Operator 003002	8. Well No.
BTA Oil Producers	1
3. Address of Operator	9. Pool name or Wildcat 33490
104 S. Pecos, Midland, TX 79701	Humble City, Strawn
4. Well Location	
Unit LetterD_ : 780 Feet From The North Line and	Feet From TheWest Line
	_
Section 15 Township 17S Range 37E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
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11. Check Appropriate Box to Indicate Nature of Notice, I	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
	ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALIERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	IG OPNS. X PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	CEMENT JOB X
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, included) SEE RULE 1103.	luding estimated date of starting any proposed

8-22-95: Spudded @ 11:00 a.m., Drlg 17-1/2" hole, Cmtd 13-3/8" csg (9 jts 54.5# J55 STC) @ 404' w/450 sx Class "C" w/2% CaCl2. Cmt circ, WOC 6 hrs, Cut off csg, Installed casing head and BOP's, Cleaned out to shoe & tstd BOP's & csg to 1000 psi for 30 mins,

WOC 18 hrs total then drld shoe.

8-24-95: Depth 1584', Drlg 11" hole.

SIONATURE MOLECULAR MEDICAL TITLE Regulatory Administrator DATE 8-24-95 (915)	TYPEOR PRINT NAME Dorothy Houghton (This space for State Use)	TELEPHONE NO. 682-3753
		(915)