State of New Mexico Ener, Jinerals and Natural Resources Department

Form C-103 Revised 1-1-89

					F						
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 8824	。 C	IL CONSE		IVID NC	SION	WELL AP	NO				
2040 Pacheco St. DISTRICT II Santa Fe, NM 87505						30-025-33115					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210						sIndicate Type of Lease					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						STATE FEE State Oil & Gas Lease No.					
		· · · · · · · · · · · · · · · · · · ·									
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" (FORM C-101) FOR SUCH PROPOSALS.)							7Lease Name or Unit Agreement Name				
WELL OTHER Dry Hole							Shipp -C 9206 JV-P				
Name of Operator BTA OIL PRODUCERS							₀Well No. 1				
Address of Operator							oPool name or Wildcat				
104 SOUTH PECOS, MIDLAND, TX 79701							Wildcat				
•Well Location Unit LetterG :	2310 Feet 6	rom The	North		2065						
Olik Editer	reetr	rom me	110101	Line and	2005	Feet F	rom The	Ea	st	Line	
Section	27 T	ownship		Range	37E	NMPM		Lea	Cou	ınty	
oElevation (<i>Show whether DF, RKB, R</i> 7 3724' GR					tc.)						
11 CI	hook Annes					····					
NOTICE		riate Box to Ir	ndicate Na	ature of No							
NOTICE	OF INTEN	HON TO:	5		SUBS	SEQUE	NT RE	PORT (OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDO	ON [REMEDIAL W	ORK			ALTERING	CASING		
TEMPORARILY ABANDON CHANGE PLANS				COMMENCE	COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT					NMENT	
PULL OR ALTER CASING CASING TEST AND CE						NT JOB					
OTHER: OTHER: Final Aban						donment Release					
12Describe Proposed or Completed work) SEE RULE 1103.	d Operations (Clear	tv state all pertinent d	etails and give								
work) SEE RULE 1103.	,	, a p	orano, arra gree	perunent dates,	maaanig esu	imateu date (or starting	any proposed	,		
This location	on has been cle	aned and levelled	d and is read	tv for inspecti	ion						
				y ioi ilispecti	ЮП.						
Please rele	ase this locatio	n from your active	e leases.								
	J. + 4										
I hereby certify that the information	n above is true and	complete to the best	of my lenguing	no and halist		·					
SIGNATURE AND O	Thef	Detigle	TITL		ory Admini	istrator		DATE O	3-18-99		
TYPE OR PRINT NAME DOROTHY HOUGHTON											
(This space for State Use)	7							TELEPHONE NO). 915/682	2-3753	
	1.110			Oil S	4 640 80	SEAL TOR					
APPROVED BY	my E.	Trubu	ππ.	.E					AUS OF	3 1990	
CONDITIONS OF APPROVAL, IF ANY:	/							DATE			

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