Submit ? Copies to Appropriate District Office

State of New Mexico Er. /, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATION | WELL API NO. | · | | |
|--|---|--|---|--|-------------|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, NM | 30-025-27960 sindicate Type of Lease | | | |
| <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | | | State Oil & Gas Leas | STATE FEE | <u>X</u>]_ |
| 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 | | |
| Type of Well: OIL GAS WELL WELL | отнея SWD | | Byers, 8605 JV | · | |
| :Name of Operator BTA OIL PRODUCERS | Ogrid #003002 | | eWell No. 2 | | |
| 3Address of Operator 104 SOUTH PECOS, MIDLAND, TX 79701 | | | Pool name or Wildcat Undesignated (Queen) | | |
| «Well Location Unit LetterG :1980 | Feet From The North | Line and 1780 | Feet From The | East Line | |
| Section 23 | Township 20-S | Range 35-E | NMPM | Lea County | |
| | 10Elevation (Show whether Df 3676' GR | F, RKB, RT, GR, etc.) | | | |
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | | |
| NOTICE OF INTENTION TO: SUBS | | | SEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | \boxtimes | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING O | COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT | | |
| PULL OR ALTER CASING | | ENT JOB | | | |
| OTHER: | | OTHER: | | | _ [|
| 12Describe Proposed or Completed Operation work) SEE RULE 1103. | ns (Clearly state all pertinent details, and gi | ve pertinent dates, including e | stimated date of starting | any proposed | |
| 1000 | | ODDED SWO 227 | | | |
| | | ORDER SWD-327 | | | |
| 02/02/01 Replaced fiberglass tbg with 2-7/8" steel plastic coated. Press to 590# for 30 min. Ran Bradenhead Test - Witnessed by E. Gonzales, OCD | | | | | |
| | | | | | |
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| I hereby certify that/the information above is | true and complete to the best of my know | edge and belief | | 774. · · · · · · · · · · · · · · · · · · · | |
| | 14. 1 | TITLE Regulatory Admin | istrator | DATE 02-07-01 | |
| TYPE OR PRINT NAME Pam Inskeep | | | | TELEPHONE NO. (915) 682-37 | 53 |
| (This space for State Use) | | | | 4 1 | |
| APPROVED BY | | TITLE (17 1/2) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 | | DATE | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | |