State of New Mexico
Energy, Minerals 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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-025-30141

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG - 6555

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

Chiso, 8711 JV-P

2. Name of Operator
BTA OIL PRODUCERS

8. Well No.
1

3. Address of Operator
104 South Pecos, TX 79701

9. Pool name or Wildcat
Ojo Chiso, (Morrow)

4. Well Location

Unit Letter __-C-__ : __660__ Feet From The __North__ Line and __1830__ Feet From The __West__ Line

Section __14__   Township __22-S__   Range __34-E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,524' GR   3,544' RKB

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	
PULL OR ALTER CASING [ ]		
OTHER:_____ [ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]	ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]	
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.

2- 1-90	TD 13,500' PB 13,379' MIRU
	Perf Morrow -C- 13,149' – 13,183' w/ 2 JSPF (38 holes)
2- 2-90	A w/ 3,500 gals + ball sealers
2- 3-90	Swbg & testing
2- 6-90	Prod 667 MCFD, 25 BN, 14 BW

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Regulatory Administrator DATE 2/7/90

TYPE OR PRINT NAME DOROTHY HOUGHTON

TELEPHONE NO. 915/682-3753

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

FEB 09 1990

CONDITIONS OF APPROVAL IF ANY: