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, 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.
30-025-30405

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

6. State Oil & Gas Lease No.
V-2545

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
002305
Chiso -C-, 8711 JV-P

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

2. Name of Operator
BTA Oil Producers

8. Well No.
1

3. Address of Operator
104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat
Wildcat Delaware

4. Well Location
Unit Letter C : 660 Feet From The North Line and 2310 Feet From The West Line

Section 23 Township 22S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3458' GR 3478' RKB

11. 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	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Plug Back	[X]		

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.

06-12-96: MI & RU Comp unit swbd 28 bbls wtr, no show of oil and gas.

06-14-96: RU - WL RIH w/7-5/8" CIBP, set @9250' capped w/35' cmt, run GR-CCL, RIH w/7-5/8" CIBP, SET @6300'; capped w/35' cmt, RIH W/2-7/8" tbg @5956', spot 200 gal ac.

05-15-96: Perf 5956-66' (Delaware) A w/1000 gal 7.5% NEFE swbg & testing.

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

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 06/19/96

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 915/682-3753

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM GUMM DISTRICT I SUPERVISOR TITLE DATE JUN 21 1996

CONDITIONS OF APPROVAL, IF ANY: