

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2545
7. Lease Name or Unit Agreement Name 002305 Chiso -C-, 8711 JV-P
8. Well No. 1
9. Pool name or Wildcat Wildcat (Bone Spring)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3458' GR 3478' RKB

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator BTA Oil Producers	3. Address of Operator 104 S. Pecos, Midland, TX 79701	4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM Lea County
---	--	---	--

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 ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Plug Back ☒

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.

3-6-96: MIRU -CU 1d tbg w/20 bbls 2% KCL wtr, ND WH, NU BOP, rel pkr, pull 1 jt well KO flwg, flowed 2 hrs to tank & died. POH w/tbg & pkr - SION.

3-7-96: Set 5" CIBP @ 11490', cap w/40' cmt, Set 7-5/8" CIBP @ 10800', cap w/40' cmt SION.

3-8-96: Perf 9324-9396 w/2 JSPF

3-11-96: A w/3200 gals + ball sealers

3-15-96: Swbg & tstg to evaluate.

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 3-18-96
(915)
TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 682-3753

(This space for State Use)

APPROVED BY DAVID J. SEXTON TITLE Supervisor DATE APR 1 1996
CONDITIONS OF APPROVAL, IF ANY:

2A Plug Back 10/1/96 JP

