

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name 002305 Chiso -C-, 8711 JV-P
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
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	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3458' GR 3478' RKB</u>	

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.

11-6-95: TD 13350, PB 12560', MIRU PU load tbw w/2% KCL wtr, ND tree, NU BOP, POH.
RU WL, run & set 5" 23.08# CIBP @ 12600, cap w/40' cmt.

11-7-95: Perf Wolfcamp @ 11530-534', Swbg & testing.

11-9-95: RU & acidize dwn tbw w/1,000 gal + ball sealers.
Swbg & testing to evaluate.

11-18-95: 30 MCF, 20 BO, 0 BW, FTP 22 psi.

11-20-95: Well dead - Shut in.

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 11-30-95
(915)
TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 682-3753

(This space for SIGNATURE OF JERRY SEXTON
DISTRICT III OFFICE)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 12 1995