NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Supersedes Old C-102 and C-103
FILE	NEW MEXICO DIL CON	SERVATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
	ı		V - 2545
SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" FORM C-101 FOR SUCH PROPOSALS."			
OIL GAS X	OTHER.		7. Unit Agreement Name
2. Name of Operator			9. Farm or Lease Name
BTA OIL PRODUCERS 3. Address of Operator			Chiso -C-, 8711 JV-P
104 South Pecos, Midland, Texas 79701			1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER -C 660 FEET FROM THE NORTH LINE AND 2310 FEET FROM			Ojo Chiso (Morrow)
THE West LINE, SECTION 23 TOWNSHIP 22-S RANGE 34-E NMPM.			MPM.
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
ŽIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3,485' GR 3,4		Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Oth			Other Data
NOTICE OF IN	ITENTION TO:	,	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB X	PLUG AND ABANDONMENT
		OTHER	-
OTHER			
17. Describe Proposed or Completed Op	erations (Clearly state all pertinos de		iding estimated date of starting any proposes:
work) SEE RULE 1103.	the second of th	tatis, and give pertinent dates, incli	iding estimated date of starting any proposes:
$\frac{7-13-88}{2}$ Depth 5,000'. Cmt'd 10 3/4" 45.5 & 51# STC csg @ 5,000' w/ 3,000 sx. Cmt Circ. Test csg to 1500 psi, WOC - 18 hrs.			
8- 8-88 Depth 11,210 w/ 1600 sx	'. Cmt'd 7 5/8" 33.7# PD 6:00 a.m. 8-9-88. W	S95 & 29.7# P110 LTC	csg @ 11,210'
8-9-88 Circ DV tool @ 6,002' w/ 1,000 sx. Cmt Circ. WOC - 12 hrs. Set slips & cut off. Install spool. Tested spool & BOP's. TIH. Drlg on DV @ 6,002' w/ fresh wtr.			
on by e 0,00	~ w/ IICON WLI.		
18. I hereby certify that the information	abfove is true and complete to the hear	of my knowledge and belief	
(a) $a \cap \mathcal{D}$	/ M /	, knowiedke and nettel.	
SIGNED MALO THE	restan Pa	gulatory Supervisor	0/10/00
- To say a form	/	guratory Supervisor	DATE 8/10/88
ORIGINAL SIGNED &			AUG 1 2'88
WANDE OAEC BA			DATE
CONDITIONS OF APPROVAL, IF ANY:			

CONDITIONS OF APPROVAL, IF ANY: