Sul pies to opriate District Office		of New Manural	Mexico Resources Department	Form C·103 Revised 1·1-89	
DISTRICT I P.O. Box 1980, Hobbs NM 88:	240		ON DIVISION	WELL API NO.	
P.O. Box 2088			30-025-30459		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease	
DISTRICT III				STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NA	M 87410			6. State Oil & Gas Lease No. LG 07267	
	RY NOTICES AND REPORTS				
( 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 00 2306	
1. Type of Well:			Chiso -D- 8711 JV-P		
MET [X]	GAS COTHER	Į.			
2. Name of Operator	<u></u>			8. Well No.	
BTA Oil Produc	cers			1	
3. Address of Operator				9. Pool name or Wildcat.	
104 S. Pecos, 1	Midland, TX 79701			- Wildcat (Strawn)	
Unit Letter K	: 1980 Feet From The S	outh	Line and	2310 Feet From The West Lin	
Section 23	Township 22S		Range 34E	NMPM Lea County	
	///////////////////////////////////////	how wheth GR	er DF, RKB, RT, GR, etc.) 3467		
11. Ĉ	heck Appropriate Box to In	dicate N	Nature of Notice, Rep	ort, or Other Data	
• • •				EQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	x	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	DPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEM	IENT JOB	
OTHER:			OTHER:		
12. Describe Proposed or Complete work) SEE RULE 1103.				ng estimated date of starting any proposed	
Procedure:	Notify NMOCD @ 505-39	3-010	I		
	, ND-BOP & NU-BOP & PC	ЭН.			
2. RU wireline - Set 5" CIBP @ 11,850' & cap w/ 40'cmt.					
Run and set 7-5/8" CIBP @ 10,750 & cap w/ 40' cmt.					
	tbg to 10,600'.		-		
4. Displace hole w/ saltgel & spot P&A plugs as follows:					
40 sx @ 5900' 40 sx @ 5000'					
70 DA 6 JUUU					

40 sx @ 1250'

10 sx @ Surface

5. Cut off wellhead & install dry hole marker.

I hereby certify that the information above is true and complete to the best of my information above is true and complete to the best of my information.	
SIGNATURE MOROLATINE Regulatory Admir	015/692 2752
TYPEOR PRINT NAME Dorothy Houghton	915/682-3753 TELEPHONE NO.
(This space for State Use)	NOV 07 1996

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: