Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-26666

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

6. State Oil & Gas Lease No.
B-158-3

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
NM -BZ- State, 8817 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
~~Grama Ridge, E. L.~~ Bone Spring

4. Well Location
Unit Letter N : 730 Feet From The South Line and 2050 Feet From The West Line

Section 26 Township 21S Range 34E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3689' GR

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

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.

8-24-92: MIRU w/o unit

8-25-92: RIH testing tbg to 6000 psi, Sqz w/250 sx Cl H cmt, Sqz to 3000 psi, SION

8-26-92: Tag cmt @ 8127', Drl cmt to 8334', Test sqz to 2000 psi - OK

8-27-92: RIH tag cmt @ 8551, Drld cmt & CIBP @ 8600' tag cmt @ 10147

9-1-92: Perf Bone Spring 10,100-130' w/1-JSPF (31 holes) w/4" csg gun, Prep to complete.

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 9-10-92

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 1

CONDITIONS OF APPROVAL, IF ANY: