## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT

## 

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, <b>NM</b> 88240	OIL CONSER	VATION DIVISION			
DIOTRICT II	2040 Pach Santa Fo	WELL API NO. 30-025-3528	30-025-35283		
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		₅Indicate Type of L		
DICTOLOT III			,	STATE	FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6State Oil & Gas Le		, reev.
SUNDRY NO	OTICES AND REPORTS (	ON WELLS		4	1
(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.)			<sup>7</sup> Lease Name or Unit Agreement Name Merchant, 8700 JV-P		
Type of Well:	- I I I I I I I I I I I I I I I I I I I			001	
OIL GAS WELL X	OTHER				
<sup>2</sup> Name of Operator BTA OIL PRODUCERS	OGRID #003002		«Well No.		
Address of Operator			∍Pool name or Wildcat		
104 SOUTH PECOS MIDLAND, TX 79701			Wilson, (Morrow) Gas		
Unit Letter D 660	_ Feet From TheNor	thLine and660	Feet From The	. West	Line
Section 24	Township 21		NMPM	Lea	County
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	10Elevation (Show wh 115.1 → 1 → 3662' GR	nether DF, RKB, RT, GR, etc.)			<b>M</b>
11 Check A	Appropriate Box to Indic	cate Nature of Notice, Re	port, or Other	Data	
			SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	ING :
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ANBA	ANDONMENT
PULL OR ALTER CASING		ENT JOB			
OTHER:		OTHER: Spud	·		
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details	s, and give pertinent dates, including e	Stimated date of stading	2 any proposed	
work) SEE RULE 1103.  CONTRACTOR: TMBR/Sh		, , , , , , , , , , , , , , , , , , , ,	and a date of starting	g arry proposed	
OCITIVIOTOR. IMBROSH	arp brilling, Inc Rig #28				
12/16/00 Depth 330'. Spudde	ed 9:30 p.m. 12/15/00. Drilling	g 17-1/2" hole in sand & grave	<b>I</b> .		
		<b>J</b>			
I hereby certify that the information above is	s true and complete to the best of my	/knowledge and holief			- <del></del>
SIGNATURE HAM MY	Klep	TITLE Regulatory Adminis	strator	DATE 12-18-	00
туре оп PRINT NAME Pam Inskeep	·		· ·-	TELEPHONE NO. (91	
(This space for State Use)				The Month of the	
APPROVED BY		\$			Ϋ́d
CONDITIONS OF APPROVAL IF ANY				DATE	

CONDITIONS OF APPROVAL, IF ANY