State of New Mexico Energy, Ainerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.		
30-025-27486		
5. Indicate Type of Lease	ਰਚ	

DISTRICT II Santa Fe, New Mexico 87504-2088		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease	
DISTRICT III	STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. NMB 1040	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	A 7 Lessa Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	0000/0	
OIL GAS E	002348	
WELL WELL X OTHER 2. Name of Operator	State 2, 8016 JV-P 8. Well No.	
BTA Oil Producers	8. Well No.	
3. Address of Operator	9. Pool name or Wildcat	
104 S. Pecos, Midland, TX 79701	Wildcat	
4. Well Location		
Unit Letter N: 660 Feet From The South Line and	1980 Feet From The West Line	
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	T	
Section 2 Township 23S Range 34E	NMPM Lea County	
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11. Check Appropriate Box to Indicate Nature of Notice	e. Report, or Other Data	
· · · · · · · · · · · · · · · · ·	SUBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	LING OPNS. PLUG AND ABANDONMENT	
LL OR ALTER CASING CASING TEST AND CEMENT JOB		
OTHER: OTHER: Plu	g back X	
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.	G	
6-28-94: MIRU pulling unit		
(00 0/		
6-29-94: Set 7-5/8" 39# CIBP @ 12,150' cap w/35' cmt		
6-30-94: Spot 200 gal 10% acetic acid.		
0-30-34: Spot 200 gar 10% acetic acid.		
7-01-94: Perf Strawn @ 11,926'-11936' w/2 JSPF (21 ho	les)	
Swbg & Tstg	,	
7-05-94: A w/2500 gals 15% HCL + 27 ball sealers		
Swbg & Tstg		
_		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	Administrator 7 12 0/	
SIGNATURE REGulatory Malighton TITLE Regulatory	Administrator 7-12-94 (915)	
TYPEOR PRINT NAME DOTOTHY Houghton	(913) тешерноме мо. 682—3753	
ORIGINAL SIGNED BY 1-	1221000000 3733	
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	***	
DESKAISOS	JUL 1 4 1994	
APPROVED BY TITLE	DATE	