Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-31739

DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210	STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. LG 485
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	A 7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS	Chaha 2 9016 IV-P Com
WELL X OTHER	State -2-, 8016 JV-P Com 8. Well No.
2. Name of Operator	2
BTA 0il Producers 3. Address of Operator	9. Pool name or Wildcat
104 S. Pecos, Midland, TX 79701	Antelope Ridge, Atoka
4. Well Location	
Unit Letter L: 1980 Feet From The South Line and 990 Feet From The West Line	
Section 2 Township 23S Range 34E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.	
3382' GR 3407' RKB	
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	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	LING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AN	ID CEMENT JOB
OTHER: OTHER:	Plug Back X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103.	including estimated date of starting any proposed
1-19-94: MI & RU completion unit, Rel pkr & POH w/tbg.	
1-20-94: Set CIBP on wireline @ 12835'. Cap w/35' cmt.	
1-21-94: Spot 150 gal acetic acid.	
1-22-94: Perf Atoka 12,122-12,260 w/2 SPF (71 holes)	
1-24-94: A w/5000 gal 15% HCL NE-FE w/125 BS; flush w/2% KCL wtr.	
1-25-94: Swbg & tstg to evaluate well.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	y Administrator DATE 2-1-94
SIGNATURE THE REGULATOR	(915)
TYPE OR PRINT NAME Dorothy Houghton	ТЕLEPHONE NO. 682-3753
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	FF16 . 12 199

- TITLE -

APPROVED BY ---