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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator BTA Oil Producers	8. Farm or Lease Name Hugh 689-C
3. Address of Operator 104 S. Pecos Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER "P" 760 FEET FROM THE South LINE AND 560 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 12-S RANGE 33-E N.M.P.M.	10. Field and Pool, or Wildcat Bagley, N. (Penn)
15. Elevation (Show whether DF, RT, GR, etc.) 4299' GL	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

17. 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.

AMENDED TO CHANGE WELL NUMBER FROM HUGH 689-C #3 to
HUGH 689-C #4.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Bob Newland TITLE Regulatory Supt. - Bob Newland DATE 11/26/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: