

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89

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

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

API NO. (assigned by OCD on New Wells)

30-025-30768

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 VB-0363

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
 DRILL RE-ENTER DEEPEN PLUG BACK
 b. Type of Well:
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

7. Lease Name or Unit Agreement Name
 8903 JV-P Lovington

2. Name of Operator
 BTA OIL PRODUCERS

8. Well No.
 1

3. Address of Operator
 104 South Pecos, Midland, Texas 79701

9. Pool name or Wildcat
 Lovington(Penn)Northeast

4. Well Location
 Unit Letter -G- : 2130 Feet From The North Line and 1980 Feet From The East Line
 Section 17 Township 16-S Range 37-E NMPM Lea County



10. Proposed Depth 11m700 11. Formation Pennsylvanian 12. Rotary or C.T. Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3826' GR 3839' RT 14. Kind & Status Plug. Bond Blanket 15. Drilling Contractor Hondo Drlg. Co 16. Approx. Date Work will start 1-3-90

17. **PROPOSED CASING AND CEMENT PROGRAM**

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	54.5	400'	450 sx	Surface
11"	8-5/8	24 & 32	4400	1500 sx	Surface
7-7/8"	5 1/2	17 & 20	12000	1500 sx	+ 4000'

BOP - 3000 psi - Attached Schematic

There are no producing wells in this quarter section.

Permit Expires 6 Months From Approval
 Date Unless Drilling Underway.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 12/28/89

TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. 915/682-3753

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

DEC 29 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: