

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-025-27029

5. LEASE DESIGNATION AND SERIAL NO.
NM 13430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lea 21, 7406 JV-S

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Comanche-Stateline
Tansil Yates

11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA
Sec. 21, Twp 26-S
Rge. 36-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
BTA OIL PRODUCERS

3. ADDRESS OF OPERATOR
104 South Pecos Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface: 1980' FSL & 1980' FEL
 At proposed prod. zone: same

RECEIVED
AUG 18 1980

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
5 miles Southwest from Jal. New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 1980'

16. NO. OF ACRES IN LEASE
320

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1320'

19. PROPOSED DEPTH
3660'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
2923' GR

22. APPROX. DATE WORK WILL START*
August 16, 1980

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	1400'	1000 sx Circulate
7-7/8"	5-1/2"	15.5#	3660'	250 sx

See Attached BOP Diagram

DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS"

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Bob K. Newland TITLE Regulatory Supervisor DATE 7/11/80
 BOB K. NEWLAND
 (This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
 APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED
DATE
AUG 25 1980
DISTRICT SUPERVISOR

*See Instructions On Reverse Side