

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-011
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 67998
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
BTA OIL PRODUCERS

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1,650' FNL & 1,650' FWL
Unit 3

14. PERMIT NO. 30-025-30662

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3,258' GR 3,283' RT

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mesa -B-, 8105 JV-P

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Red Hills (Wolfcamp)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T-26-S, R-33-E

12. COUNTY OR PARISH 13. STATE
Lea N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Change of Rigs <input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Specify all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- 11-27-89 Depth 210' Rigging down cable tools. Prep. to clean location & MIRT.
- 11-29-89 Rigging up Quarles Drlg - Rig #9
- 12- 4-89 Began operation @ 6:00 P.M. Reamed 10" hole to 20' Drlg 20" hole.
- 12- 8 89 Depth 882' Cmt'd 16" 75# & 34# K55 BTC csg @ 882' w/1,000 sx. Cmt circ. WOC 8 hrs. Installed flange and BOP's. Cleaned out to shoe Tested csg to 500 psi. WOC 18 hrs total. Drld shoe. Drlg 14 3/4" hole.
- 12-11-89 Depth 2,160' Drlg 14 3/4" hole.

RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED *Dorothy Houghton*
DOROTHY HOUGHTON
(This space for Federal or State office use)

TITLE Regulatory Administrator

DATE 12/11/89

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side