

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029415(b)

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 depth.
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 S. Pecos Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1880' FNL & 1880' FEL

14. PERMIT NO.

8-31-88

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3876' GR 3889' RKB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Puckett, 8809 JV-P

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat H.P.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T-17-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

spud

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state 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.)*

9-14-88 Spudded @ 8:00 A.M. Drlg 17-1/2" hole.
Cmt'd 13-3/8" 54.5# J-55 STC @ 410'
w/500 SX. WOC 6 hrs., cut-off, installed
csg. head & BOP's. Test BOP's & csg to
1000 psi for 30 min. WOC 12 hrs. total.
WIH w/bit & drld out.
Drlg 11" hole.

I hereby certify that the foregoing is true and correct

SIGNED

Dorothy Woughton

TITLE

Regulatory Administrator

DATE

9-15-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 19 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO