

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210

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

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 <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 Puckett, 8809 JV-P
3. ADDRESS OF OPERATOR 104 South Pecos, Midland, Texas 79701	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2,310' FSL & 1,650' FWL	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 30-015-26067	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-17-S, R-31-E
15. OBSERVATIONS (Show whether DF, RT, GR, etc.) 3,864' GR 3,877' RKB	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

RECEIVED

MAR 16 89

C. C. D.
ARTESIA, OFFICE

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 COMPLETE <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 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 checked="" type="checkbox"/> Spud & Casing	

(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.)

2-27-89 Spudded @ 10:00 A.M. Drlg 17 1/2" hole. Cmt'd 54.5# J55 STC 13 3/8" csg @ 400' w/ 500 sx. Cmt circ. WOC. Cut-off, installed csg head. NU BOP's. Tested BOP's to 1,000 psi for 30 min. WOC 12 hrs total. Drld shoe.

2-28-89 Drlg 11" hole.

RECEIVED
MAR 1 11 53 AM '89
CARL...
AREA...

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

SIGNED Dorothy Weighton TITLE Administrative Supervisor DATE 2/28/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side