

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Puckett, 8809 JV-P

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

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

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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, Texas 79701

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

MAR 16 '89

O. C. D.

ARTESIA OFFICE

14. PERMIT NO.

30-015-26067

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

3,864' GR 3,877' RKB

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 PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Csg

(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.)*

3-10-89 Depth 4,150' Cmt'd 8 5/8" 24# K55 & 32# J55 - STC csg @ 4,150' w/ 2,200 sx.
Cmt Circ. WOC. Set slips & cut-off csg. Installed spool & BOP's.
Cleaned out to shoe. Tested BOP's & csg to 1500 psi. WOC 12 hrs total.

3-11-89 Drlg 7 7/8" hole.

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

SIGNED

Bartholomew

TITLE Administrative Supervisor

DATE 3/13/89

(This space for Federal or State office use)

APPROVED BY

DAVID R. GLASS

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side