

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

received

AUG - 4 1992

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS** *O.C.D.*

Do not use this form for proposals to drill or to deepen or reentry to a ~~different~~ reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BTA Oil Producers

3. Address and Telephone No.

104 S. Pecos, Midland, TX 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1820' FWL  
Sec 12, T19S, R31E

5. Lease Designation and Serial No.

NMNM86552

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lusk, 9209 JV-P #1

9. API Well No.

30-015-27056

10. Field and Pool, or Exploratory Area

Lusk, Strawn

11. County or Parish, State

Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☒ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

4. Change of location - Please see attached C-102 & access road with well pad plot. Drilling pad will be outside Phillips Pipeline ROW. Situated w/V-door to the northwest.

8. Change of BTA lease #  
The new archaeological survey has been requested and will be submitted directly to your office.

*Post ID-1  
9-25-92  
Arund Loc*

*Post ID-3  
10-2-92  
chg lse name*

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

Signed *Dorothy Thompson*

Title Regulatory Administrator

Date 7-17-92

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date 8/3/92