

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FEB 15 1993

O. C. D.

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

915-682-3753

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.

NMMN 86552

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.

30-015-21055 27056

10. Field and Pool, or Exploratory Area

Wildcat, Bone Spring

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.)*

Well Data: TD 11290, PB 11200

Perfs: (Wolfcamp) 10192-425'

Proposed: MIRU Completion Unit

GIH w/5-1/2" 20# CIBP Set @ 10100' & test to 2500 psi

Spot 950 gals 7-1/2% acid

Perf Bone Spring 7064-7082' (29 holes)

Spot 35' cmt CIBP @ 10100'

Swb & test

Acidize w/2000 gal 7-1/2% NE-FE + ball sealers

Swb & test to evaluate.

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

Signed

Title Regulatory Administrator

Date 2-8-93

(This space for Federal or State office use)

Approved by (ORIG. SCD) DAVID R. GLASS

Title

Date 2-10-93

Conditions of approval, if any: