

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BTA OIL PRODUCERS	8. FARM OR LEASE NAME Rock Tank, 8612 JV-P
3. ADDRESS OF OPERATOR 104 South Pecos Midland, Texas 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FEL	10. FIELD AND POOL OR WILDCAT Undesignated (Wolfcamp)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-23-S, R-24-E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3,929' GR 3,943' K.B.	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

16. 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"/>		<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 type="checkbox"/>	Plug back	<input checked="" type="checkbox"/>

(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.)*

12-28-87 TD 10,494' PB 10,030' RU Wireline truck. Ran GR/CCL from 9,000' - 8,600', Set CIBP @ 8,960'.

12-29-87 TD 10,494' PB 8,960' Perf 8,792' - 8,862' - Swbd dry.

12-30-87 TD 10,494' PB 8,960' A w/1,700 gal. - Testing & swbg.

1-13-88 TD 10,494' Spot 35' cmt plug on CIBP @ 8,960', Set CIBP @ 8,000' & cap w/35' cmt.

1-14-88 TD 10,494' PB 7,965' Perf (U. Wlfc) 7,857' - 7,877'.

1-15-88 TD 10,494' PB 7,965' A/w 1,700 gals. - Testing & swbg.

1-26-88 TD 10,494' PB 7,965' A/w 10,000 gals. - Testing & swbg.

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

SIGNED Rorothy Houghton TITLE Regulatory Supervisor DATE 1/29/88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE FEB 4 1988
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

CAPISBAD, NEW MEXICO