

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse 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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		5. LEASE DESIGNATION AND SERIAL NO. NM 69341	
2. NAME OF OPERATOR BTA OIL PRODUCERS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 104 South Pecos Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 566' FSL & 1,312' FEL		8. FARM OR LEASE NAME 8710 JV-P Tank	
14. PERMIT NO. 30-015-25822		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,919' GR 3,933' KB		10. FIELD AND POOL, OR WILDCAT Undesignated (Delaware)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-23-S, R-24-E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)

10-13-88 Set CIBP @ 2,900' w/ 10 sx cmt on top  
Spotted 30 sx @ 2,650' - Shot 5 1/2" csg @ 1,081' & 974'-  
Unable to pull casing.  
Spotted 25 sx @ 1,020' - tagged @ 800'.  
Spotted 25 sx @ 460'  
Spotted 10 sx @ Surface  
P&A 10-14-88 Installed Dry hole marker.

RECEIVED  
OCT 19 11 14 AM '88  
CARBON  
AREA

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

SIGNED <u>Dorothy Knighton</u>	TITLE <u>Regulatory Supervisor</u>	DATE <u>10/18/88</u>
(This space for Federal or State office use)		
APPROVED BY <u>CHIEF</u>	TITLE <u></u>	DATE <u>10-30-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side