

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

30-015-27230

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<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>NMNM 89053         |
| 2. Name of Operator<br>BTA Oil Producers   | 6. If Indian, Allottee or Tribe Name                      |
| 3. Address and Telephone No.<br>104 S. Pecos, Midland, TX 79701 (915) 682-3753   | 7. If Unit or CA, Agreement Designation                   |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1980' FSL & 1980' FEL sec. 15, T. 19S., R. 31E.        | 8. Well Name and No.<br>Lusk -B-, 9209 #1                 |
|  | 9. API Well No.<br>30-015-27230                           |
|  | 10. Field and Pool, or Exploratory Area<br>Lusk, Delaware |
|  | 11. County or Parish, State<br>Eddy, NM                   |

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                      |
|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion               |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back              |
|  | <input type="checkbox"/> Casing Repair              |
|  | <input type="checkbox"/> Altering Casing            |
|  | <input type="checkbox"/> Other <u>Cancel Permit</u> |
|  | <input checked="" type="checkbox"/> Change of Plans |
|  | <input type="checkbox"/> New Construction           |
|  | <input type="checkbox"/> Non-Routine Fracturing     |
|  | <input type="checkbox"/> Water Shut-Off             |
|  | <input type="checkbox"/> Conversion to Injection    |
|  | <input type="checkbox"/> 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.)

Please cancel our drilling permit for this well.

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

Signed Dorely Doughton Title Regulatory Administrator Date 5-14-93

(This space for Federal or State Office Use)

Approved by David A. Glass Title REGULATORY ENGINEER Date 6-24-93

Conditions of Approval, if any: