

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE SIDE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsp

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		5. LEASE DESIGNATION AND SERIAL NO. NM 65945
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 1980' FSL & 660' FEL		8. FARM OR LEASE NAME Rock Tank, 8612 JV-P
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether OF, AT OR BELOW SURFACE) OFFICE 3,929' GR; 5,943' RT		10. FIELD AND POOL, OR WILDCAT Wind, Paludra, South Rock Tank
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-23-S, R-24-E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

RECEIVED BY
JAN 26 1987
O. C. D.

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Casing <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.)*

1-14-87 Depth 10,494' Ran CNL/LDT/DLL

1-16-87 Depth 10,494' Cmt'd 17# LTC N80 & K55 5-1/2" csg.
@10,494' w/1,900 sx. Cmt. circ. WOC.
Set Slips & cut off.
Released Rig: 11:00 p.m. 1-16-87

Waiting on weather to MORT.

ACCEPTED FOR RECORD

JAN 20 1987

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Supervisor DATE 1/19/87

(This space for Federal or State office use)

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

*See Instructions on Reverse Side