C/SF BLM LAND OP

Submit to Appropriate District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB 17 '89
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-005-62670

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-4898

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Buffalo, 8816 JV-P

2. Name of Operator: BTA Oil Producers

8. Well No. 1

3. Address of Operator: 104 S. Pecos Midland, TX 79701

9. Pool name or Wildcat: Buffalo Valley

4. Well Location
Unit Letter -E- : 1650 Feet From The North Line and 990 Feet From The West Line

Section 31 Township 14-S Range 28-E NMPM Chaves County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8600'	Penn	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3531' GR 3543' RKB	Blanket	Hondo Drlg Co	3-1-89

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	54.5#	300'	350	Surface
12-1/4	8-5/8	24#	1500'	800	Surface
7-7/8	5-1/2	15.5 & 17#	8600'	1500	TOC @ 1400'

BOP Sketch Attached - 3000 PSI

POOT ID-1
NL + API
2-24-89

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 8/20/89
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 2/16/89

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 915/682-3753

(This space for State Use)

APPROVED BY Original Signed By Mike Williams TITLE _____ DATE FEB 20 1989

CONDITIONS OF APPROVAL, IF ANY: