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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name PRICE "A" 681 Ltd.
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea
19. Proposed Depth 9,900
19A. Formation Bough "C"
20. Rotary or C.T. Rotary
21. Elevations (Show whether DP, RT, etc.) 4248 G.L.
21A. Kind & Status Plug. Bond Blanket On File
21B. Drilling Contractor Marcum Drilling Co.
22. Approx. Date Work will start Dec. 1, 1967

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator BTA Oil Producers	3. Address of Operator 104 South Pecos, Midland, Texas 79701	4. Location of Well UNIT LETTER E LOCATED 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 15 TWP. 9-S RGE. 34-E NMPM		
23. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	12 3/4"	33.38	375	375	Circulate
11 "	8 5/8"	24 # & 28#	4000	400	1900
7 7/8"	4 1/2"	10.5 & 11.6#	9900	300	8700

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO RUNNING
CASING

ADDITIONAL FUND
FOR 24 HOURS PRIOR
TO RUNNING CASING

2-25-68

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.

Signed [Signature] Title Production Supt. Date November 24, 1967
(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
REVISIONS OF APPROVAL, IF ANY: