

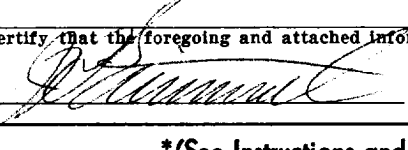
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-0194682-A	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P&A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR BTA Oil Producers		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 104 So. Pecos, Midland, Texas 79701		8. FARM OR LEASE NAME Boyd 694 Ltd.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 650' FNL & 660' FEL, Sec. 17, T-9-S, R-35-E At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Vaca-Penn	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 17, T-9-S, R-35-E	
12. COUNTY OR PARISH Lea		13. STATE New Mexico	
15. DATE SPUDDED 7-14-69	16. DATE T.D. REACHED 8-14-69	17. DATE COMPL. (Ready to prod.) -	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4188' K.B.
19. ELEV. CASINGHEAD 4176'		20. TOTAL DEPTH, MD & TVD 9862'	
21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY T.D.		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* -	
25. WAS DIRECTIONAL SURVEY MADE -		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-S	
27. WAS WELL CORED -		28. CASING RECORD (Report all strings set in well)	
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
12 3/4"	33.38#	363'	17 1/2"
8 5/8"	24.28 & 32#	4070'	11"
CEMENTING RECORD		AMOUNT PULLED	
375 sx (circ.)		1226'	
400 sx			
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE
			DEPTH SET (MD)
			PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
			OIL—BBL.
			GAS—MCF.
			WATER—BBL.
			GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
			GAS—MCF.
			WATER—BBL.
			OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED 		TITLE Drilling Manager	
		DATE 10-15-69	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, a well completion report must be submitted.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 83. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH

The following are tabulations of the deviation tests taken on the BTA 694 Ltd. Boyd #1, Unit A, Section 17, T-9-S, R-35-E, Lea County, New Mexico:

<u>DEPTH</u>	<u>Deviation from Vertical Degrees</u>
360'	3/4°
850	1/2
1345	3/4
1830	3/4
2176	1
2660	1-1/4
3454	1/2
3876	1/2
4570	1/2
4970	3/4
5430	1/2
5920	1
6400	3/4
6772	1-1/2
7250	1-1/2
7746	3/4
8045	1/4
8270	3/4
8840	3/4
9284	1
9622	1

I certify that the above information is correct according to the best of my knowledge and belief.

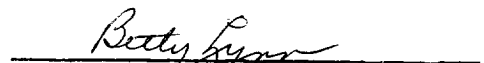


T. L. Alvey
For BTA Oil Producers

SUBSCRIBED AND SWORN to before me this 15th Day of October, 1969.

My Commission Expires:

6-1-71


NOTARY PUBLIC in and for
Midland County, Texas