

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A		6. LEASE DESIGNATION AND SERIAL NO. NM-4039	
2. NAME OF OPERATOR BTA Oil Producers		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 104 S. 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' FNL & 2130' FWL, Sec. 35, T-8-S, R-35-E		8. FARM OR LEASE NAME Option 694 Ltd.	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4169' K.B.		10. FIELD AND POOL, OR WILDCAT Undesignated-Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-8-S, R-35-E	
		12. COUNTY OR PARISH Roosevelt	13. STATE New Mexico

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 checked="" 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"/>	

(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.)*

Well to be plugged as follows:

25 sx @ 9820' T.D.
25 sx @ 9026' Wolfcamp
25 sx @ 7767' Abo
25 sx @ 5473' Glorietta
35 sx @ 4029' 8 5/8" shoe
35 sx @ (1500'est.) 8 5/8" cut off
45 sx @ 370' 12 3/4" shoe
10 sx @ surface

(Verbal by Jack Gordon, USGS, 11-31-69, 8:00 P.M.)

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

SIGNED

TITLE Drlg. Mgr.

DATE 12-2-69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 1969

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER