

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)
30-025-30417

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VB 0363

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐ RE-ENTER ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER ☒ (SWD) SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator
BTA Oil Producers

3. Address of Operator
104 S. Pecos; Midland, Texas 79701

7. Lease Name or Unit Agreement Name

Lovington, 8903 JV-P

8. Well No.
3

9. Pool name or Wildcat
Undesignated Yates

4. Well Location
Unit Letter -A- : 660 Feet From The North Line and 760 Feet From The East Line

Section 17 Township 16S Range 37E NMPM Lea County

10. Proposed Depth
TD 11,800' PB 4316'
11. Formation
Yates
12. Rotary or C.T.
Workover

13. Elevations (Show whether DF, RT, GR, etc.)
3823' GR
14. Kind & Status Plug. Bond
Blanket
15. Drilling Contractor
Permian Service Co.
16. Approx. Date Work will start
08-13-90

17. EXISTING ~~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	403	425	Surface
11"	8-5/8"	32&24	4454	1500	Surface
7-7/8"	5-1/2"	17&20	11800	150	TOC @ 11050

SWD Order No. 393

PROPOSED PROCEDURE

Drill out surface plug, drill cement plug @ 2177'. Run bit to top of cement plug @ 4316'. Circ clean and test casing to 1000 psi. Spot acid from 4000'-3300'. Perf (Yates) 3300'-4000'. GIH w/tubing and packer to 3200'. Complete as SWD well.

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 Royce D. Boyce TITLE Production Supervisor DATE 08-08-90
(915)
TYPE OR PRINT NAME Royce D. Boyce TELEPHONE NO. 682-3753

(This space for State Use) ORIGINAL

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date 08-08-90 Workover