

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

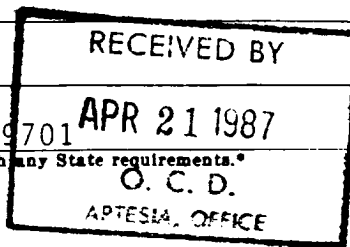
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

U. M. Oil
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BTA OIL PRODUCERS	8. FARM OR LEASE NAME EK -A, 8701 JV-P
3. ADDRESS OF OPERATOR 104 South Pecos Midland, TX 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2,103' FNL & 575' FEL	10. FIELD AND POOL, OR WILDCAT EK (Bone Springs)
14. PERMIT NO. 3-10-87	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,891' GR 3,905' KB
	11. SEC., T., R., M., OR BLK. AND SURFACE OR AREA Sec. 25, T-18-S R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.



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 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"/>	casing <input checked="" 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.)*

4-08-87 Depth 9,479' DST #2 9,410'-9,479' - Drlg 7-7/8" hole.
4-13-87 Depth 10,505' Ran CNL/LDT/DIL
4-14-87 Depth 10,505' DST #3 10,422'-10,505'.
4-15-87 Depth 10,505' Cmt'd 5-1/2" 17# K55 & N80 LTC csg @ 10,505' w/1,700 sx. Cmt Circ.

Released Rig: 5:30 A.M. 4-16-87

Prep to complete

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

SIGNED [Signature] TITLE Regulatory Supervisor ACCEPTED FOR RECORD [Signature]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 20 1987

CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side