

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BTA Oil Producers	8. FARM OR LEASE NAME French, 9004 JV-P Com
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 990' FSL & 990' FEL <i>unit P</i>	10. FIELD AND POOL, OR WILDCAT Corbin South (Morrow)
14. PERMIT NO. 30-025-30888	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T-18-S, R-32-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3786' GR & 3803' RKB	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETION <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) <u>Inter Csg</u>	<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.)

- 6-23-90 Depth 4500', Cmt'd 9-5/8" 40# 21 jts L-80, 25 jts N-80, 62 jts K-55 LTC csg @ 4500' w/2300 sx; 2000 sx Halliburton Lite w/15#/sx salt & 1/4#/sx flocele tailed in w/300 sx Class -C- w/2% CaCl2. Cmt circ, Set slips, cut off & install spool, NU BOP's.
- 6-24-90 Installed & tested BOP's & csg to 1500 psi for 30 min on fresh wtr, WOC 12 hrs total, then drld shoe, Drlg 8-3/4" hole.
- 6-26-90 Depth 5430', Drlg 8-3/4" hole.

RECEIVED
JUN 27 10 53 AM '90
CAREY
AREA
CLERK

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

SIGNED Dorothy Houghton TITLE Regulatory Administrator

DATE 6-26-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side