

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

DATE
on re-

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM 078148

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

French, 9004 JV-P

9. WELL NO.

2
10. FIELD AND POOL OR WILDCAT

Corbin South (Wolfcamp)
11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 24, T18S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BTA Oil Producers

3. ADDRESS OF OPERATOR

104 S. Pecos, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface

1980' FSL & 510' FEL

Unit I

14. PERMIT NO.

30-025-31118

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3797' GR 3812' RKB

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐ Csg & Test

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

XX

(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 perti-
nent to this work.)

1-16-91

Depth 4480' Cmt'd 8-5/8" 24# J-55 & 32# K-55 STC csg @ 4480 w/1800 sx,
Cmt circ, WOC, Set slips & cut off csg, Installed spool & BOP's, Cleaned
out to shoe, Tested BOP's & csg to 1500 psi for 30 min on fresh wtr,
WOC total 18 hrs, Drld shoe, Drlg 7-7/8" hole.

1-18-91

Depth 4810', Drlg 7-7/8" hole.

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

SIGNED

Dorothy Houghton

TITLE Regulatory Administrator

DATE

1-18-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side