

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WTW-Sud</u>	5. Lease Designation and Serial No. NMNM078148
2. Name of Operator BTA Oil Producers	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 104 S. Pecos, Midland, TX 79701 (915)682-3753	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 510' FEL Sec 24, T18S, R32E <u>H</u>	8. Well Name and No. French, 9004 JV-P #3
	9. API Well No. 30-025-31206
	10. Field and Pool, or Exploratory Area <u>SUD</u> Corbin Wolfcamp South
	11. County or Parish, State Lea Co., N.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Hole in Collar</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

7-18-94: MIRU Pulling Unit to replace collar, POH w/tbg & pkr.

7-19-94: RIH w/309 jts of ceramic coated 2-7/8" tbg & 5-1/2" Bkr Loc-set nickel plated pkr @ 10254'.

7-20-94: Tested tbg to 6000 psi, Pumped 350 gal of 15% NEFE acid, Circ hole w/pkr fluid, pressure tested to 340 psi, OK.

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

Signed Dorothy Budler Title Regulatory Administrator Date 8-11-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

