

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
NM078148

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
French, 9004 JV-P #4

9. API Well No.
30-025-31235

10. Field and Pool, or Exploratory Area
~~Wesley Plains, Del. No.~~
Corbin, West Delaware

11. County or Parish, State

Lea, N.M.

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BTA Oil Producers

3. Address and Telephone No.

104 S. Pecos, Midland, TX 79701

915-682-3753

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 510' FEL
Sec 24, T18S, R32E

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☒ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

9-23-91 MIRU, POH w/rods & tbg

9-24-91 Frac perfs 5846-97 w/46000 gal gld KCL wtr + 113000# sd, SION

9-25-91 Open 8/64" choke, Prep to install pump.

9-29-91 Ran H F 2-1/2 X 1-1/2 X 32' pmp, Rec load wtr.

10-7-91 Ppd 112 bbls oil, 150 bbls wtr.

OCT 15 11 28 AM '91
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BUREAU OF LAND MANAGEMENT
CAREY AREA OFFICE

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

Signed

[Signature]

Title Regulatory Administrator

Date 10-10-91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date