

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

5. Lease Designation and Serial No.

NM 078148

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

French -C-, 9004 JV-P #1

9. API Well No.

30-025-31447

10. Field and Pool, or Exploratory Area

Corbin, West Delaware

11. County or Parish, State

Lea County, NM

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, Texas 79701 (915) 682-3753

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

1650' FNL & 510' FEL Unit #
Sec. 24, T18S, R32E

SE/NE

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

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|--|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input 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>Change Lease Name</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.)*

Change lease name from: French -B-, 9004 JV-P #1

To: French -C-, 9004 JV-P #1

This change due to the order in which these will be drilled.

RECEIVED
NOV 21 11 33 AM '91
CARTER
AREA

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

Signed

Dorothy Reighton

Title

Regulatory Administrator

Date

11/20/91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: