

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MEXICO

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
NM-69371

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Young, 8709 JV-P

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Young (Bone Spring) N.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T-18-S, R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

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 South Pecos, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL & 330' FEL

14. PERMIT NO.
9-11-87

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3,871' GR 3,885' KB

16. 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 COMPLETE <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>Set csg & DST</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.)*

10-04-87 Drlg 11" hole. Cmt'd 8-5/8" 24 & 32# J55 STC csg @ 3,000' w/1250 sx. Cmt Circ. Set slips, cut-off, installed spool & BOP's. WOC. WIH w/bit & drilled out. Drlg 7-7/8" hole.

10-11-87 Depth 7,133' DST #1 - 6,675' - 6,695'.

10-15-87 Depth 8,477' DST #2 - 8,378' - 8,460'.

10-21-87 Depth 9,851' DST #3 - 9,790' - 9,851'.

RECEIVED
 OCT 23 11 17 AM '87
 CARLETON COURSE
 AREA OFFICE
 DENVER

SJS

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

SIGNED Dorothy Douglas TITLE Regulatory Supervisor DATE 10/22/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side