

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 69371	
2. NAME OF OPERATOR BTA OIL PRODUCERS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 104 South Pecos Midland, Texas 79701		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Young, 8709 JV-P	
14. PERMIT NO. 9-11-87		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,871' GR 3,885' KB		10. FIELD AND POOL, OR WILDCAT Young (Bone Spring) North	
		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.	

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) Spud and set surface <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.)\*

10-1-87 Spudded 8:00 A.M. Drlg 17-1/2" hole. Cmt'd 13-3/8"  
54.5#, J-55 STC csg @ 525' w/550 sx. Cmt. Circ. WOC,  
cut-off, installed csg head & BOP's. GIH w/bit to  
drill out.

SJS

OCT 5 9 05 AM '87  
CARLISLE SOURCE  
AREA HEADQUARTERS

RECEIVED

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

SIGNED Dorothy Doughter TITLE Regulatory Supervisor DATE 10/2/87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 14 1987

OCJ  
HOBS OFFICE