(Formerly 9–331) DEPARTMLT	ED STATES OF THE INTERIO LAND MANAGEMENT	SUBMIT IN TRI CATE* (Other instructic on reverse side)  30-025-30 85	Expires	Burcau No. 1004-0.3 August 31, 1985 NATION AND BERIAL 50
SUNDRY NOTICES A	AND REPORTS OF	N WELLS		LLOTTEE OR TRIBE SAME
OIL X GAS WELL OTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. FARM OR LEA	SE NAME
BTA Oil Producers			✓8709 JV-	-P(Young)
3. ADDRESS OF OPERATOR			9. WELL NO.	
104 South Pecos, Midland, TX 79701  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface			2 10. FIELD AND POOL OR WILDCAT Young (Bone Spring) N.	
990' FNL & 1650' FEL 7Cm	üt B		11. SEC., T., E., SURVEY O	M., OR BLE. AND
	EVATIONS (Show whether DF, RT	. GR. etc.)	Sec 11,	T18S, R32E
30-025-30185	60' GR 3874' KB	,,	Lea	N.M.
		ure of Notice, Report, or C		j N•FI•
NOTICE OF INTENTION TO:				
		r	ENT REPORT OF:	
	COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	<del>-</del> i	IRING WELL
SHOOT OR ACIDIZE ABANDON®		SHOOTING OR ACIDIZING		DONMENT* XX
REPAIR WELL CHANGE P	PLANS	(Other)		
(Other)	NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS: proposed work. If well is directionally dril nent to this work.)</li> </ol>	(Clearly state all pertinent d lied, give subsurface location	etails, and give pertinent dates, s and measured and true vertica	including estimat I depths for all n	ed date of starting any narkers and zones perti-
<u>10-10-90</u> MIRU				
10-11-90 Set CIBP @ 4900 (tagged)	0' w/50' cmt (5 s:	x) on top, Spot 50 s	sx @ 3100'-	·2640 <b>'</b>
$\frac{10-12-90}{\text{(tagged)}}$ Shot $5-1/2$ " cs	g @ 600', LD 15 j	ts (604.38'), Spot	140 sx @ 65	3'-146'
10-13-90 Spot 15 sx @ 52	2' to surface, P	& A 10-13-90, Insta	alled dry h	ole marker.
			2:9	9
			5-9	<b>=</b> = = = = = = = = = = = = = = = = = =
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			•	
			ଦ୍ୟ ନିର୍ଦ୍ଧ	80
18. I hereby gertify that the threeging is frue and	Correct			
SIGNED LOUNG HOUGH HOUGH TON		atory Administrator	DATE	10-16-90
(This space for Federal of State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	·	DATE	10 22 90
Communication of the Communica	*See Instructions on	Reverse Side		

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Con Moss Car