

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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 20979
2. NAME OF OPERATOR BTA OIL PRODUCERS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATION 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 1980' FSL & 1980' FEL	8. FARM OR LEASE NAME Lynch, 8212 JV-P
14. PERMIT NO. 30-025-28743	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,674' GR 3,694' KB	10. FIELD AND POOL, OR WILDCAT Wildcat (Wolfcamp)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-20-S, R-34-E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Plug back & test	<input checked="" 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.) \*

3-12-90 MIRU

3-13-90 Load tbg w/ 80 bbls 10# brine wtr. ND tree, NU BOP, POH w/ tbg & RTTS pkr, LD pkr. RU Wedge wireline. Run 5 1/2" CIBP to 12,935', Set & cap w/ 35' cmt. RD wireline.

3-14-90 RIH w/ tbg to 11,804'. Displace hole w/ 2% KCL. Spot 200 gals 10% acetic acid.

3-15-90 RU wireline, perf Wolfcamp @ 11,754' - 11,780' w/ 2 JSPF (53 holes). Displace 200 gals acid.

3-16-90 Swabbing & testing.

ACCEPTED FOR RECORD

AR

MAR 17 1990

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

DOROTHY HOUGHTON

TITLE Regulatory Administrator

DATE 3/16/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side