Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-30468

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. V-2199

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Gem, 8705 JV-P

2. Name of Operator: BTA OIL PRODUCERS

8. Well No. 2

3. Address of Operator: 104 South Pecos, Midland, Texas 79701

9. Pool name or Wildcat: wildcat ~~Gem, East~~ (Atoka)

4. Well Location
Unit Letter -C- : 660 Feet From The North Line and 2310 Feet From The West Line

Section 2 Township 20-S Range 33-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
13,630' TD 13,523' PB	Atoka	Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3,589' GR 3,609' RKB	Blanket	Permian Service Co.	10-23-89

17. Existing ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	20"	106.5	1,360'	2400	Surface
17 1/2"	13 3/8"	68	3,105'	3000	Surface
12 1/4"	9 5/8"	40	5,476'	1600	Surface
8 3/4"	7"	29	12,570'	1900	Surface
6 1/8"	5"	23.2	12,167'-13,630'	200	

Proposed Procedure

MIRU
Run 5" 23.2# CIBP to 13,100' & set. Cap w/ 20' cmt
Rig up wireline truck & Perf 12,162' - 12,374'.
Flow and swab test to evaluate.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 10/17/89

TYPE OR PRINT NAME DOROTHY HOUGHTON TELEPHONE NO. 915/682-3753

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 19 1989

CONDITIONS OF APPROVAL, IF ANY: