

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-025-30977

5. Indicate Type of Lease

STATE ☒

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 ☒

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

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.

3

3. Address of Operator

104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat

Teas. Bone Spring

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 20S Range 33E NMPM Lea County

10. Proposed Depth

TD 13,700

11. Formation

Bone Spring

12. Rotary or C.T.

Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.)

3579' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Permian Service Co.

16. Approx. Date Work will start

2-19-91

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	1385	2100	Surf.
17-1/2	13-3/8	61 & 68	3100	2200	Surf.
12-1/4	9-5/8	40	5462	1600	Surf.
8-3/4	5-1/2	20 & 23	13700	2900	Surf.

Proposed Procedure:

1. MIRU
2. Pump down tbq w/25 bbls fresh wtr.
3. Pump 25 sx CL-H-cmt w/0.3% HR-7-followed w/10 bbls fr wtr & 64 bbls 2% KCL wtr. SI & WOC overnight.
4. POH w/tbg & pkr.
5. Set CIBP @ 10,540' & cap w/40' cmt.
6. Perf Bone Spring 10,196'-10,237'.
7. Spot 200 gals 7-1/2% acid.
8. Swb well 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 2-14-91

TYPE OR PRINT NAME Dorothy Houghton

TELEPHONE NO. 915-682-3750

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 20 1991

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BTA OIL PRODUCERS			Lease 8705 JV-P GEM		Well No. 3
Unit Letter "O"	Section 2	Township -20-S	Range -33-E	County LEA	
Actual Footage Location of Well: 660 feet from the SOUTH line and 1980 feet from the EAST line					
Ground level Elev. 3579	Producing Formation BONE SPRING		Pool TEAS		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

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

Signature *Dorothy Houghton*
Printed Name **Dorothy Houghton**
Position **Regulatory Administrator**
Company **BTA Oil Producers**
Date **2-14-91**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
AUGUST 9, 1990

Signature & Seal of
Professional Surveyor

Max A. Schumann, Jr.
MAX A. SCHUMANN, JR.

Certificate No.
1510

