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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)
TI 110. (Easigned by OCD on 11ch Wolls)
マックス ターファー
~40-023-212//

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease

STATE FEE

	<u>DISTRICT III</u> 000 Rio Brazos Rd., Azte	c, NM 87410			6. State Oil & Gas Lease V-2199	e No.		
Г	APPLICAT	TION FOR PERMIT						
11	L Type of Work:		· · · · · · · · · · · · · · · · · · ·		7. Lease Name or Unit A	Agreement Name		
١,	DRIL.	L X RE-ENTER	R DEEPEN	PLUG BACK				
	WELL GAS WELL	OTHER	SINCLE ZONE	MULTIPLE ZONE] Gem, 8705 J	V- P		
2.	Name of Operator BTA 0il Prod	ucers			8. Well No. 5			
3.	•	; Midland, Texa	ns 79701		9. Pool name or Wildcat Teas (Bone	Spring)		
4.	Well Location Unit Letter	M : 660 Feet F	From The South	Line and810	Feet From The	West Line		
	Section	2 Town	athip 20S Ra	unge 33E	NMPM Lea	County		
H			10. Proposed Depth		. Formation	12. Rotary or C.T.		
			9700	••	Bone Spring	Rotary		
13	Elevations (Show wheth	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond Blanket	15. Drilling Contract Hondo Dri	or 16. Approx.	Date Work will start 0/91		
17	17. 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	1400	2100	Surface		
L_	17-1/2"	13-3/8"	61 & 68	3100	2200	Surface		
L	12-1/4"	8-5/8"	24 & 32	5500	180 <u>0</u>	2000		
	7-7/8"	5-1/2"	17	9700	1500	4000		

BOP Sketch Attached

Potash area maps attached - Lessee of State potash lease in Section 2 - Mississippi Chemical Corp.

* Potash waivers are attached

No producing wells in this quarter-quarter

No product	ng werrs in this quarter-qua	irter						
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 inform	ution above is true and complete to the best of my knowledge							
SIGNATURE SIGNATURE	olly Tolegation	mme Regulatory Administrator	_ DATE					
TYPE OR FRINT NAME	Dorothy Houghton		TELEPHONE NO. 915/682-3753					
(This space for State Use)	Orig. Signed by Paul Kautz	<u> </u>						
APPROVED BY	Geologist	ти	DATE					

Permit Expires & Wonths Faces Approval Date Unless Drilling Underway.

RECEIVED

MAY 3 0 1991

HOBBS OFFICE