

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HONOLULU, HAWAII

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 23768
2. NAME OF OPERATOR BTA OIL PRODUCERS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 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' FNL & 660' FWL		8. FARM OR LEASE NAME Madley B301c Unit Fed 8016 JV-P Mad. Federal -B-
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3401' GR 3426' KB		10. FIELD AND POOL, OR WILDCAT Antelope Ridge (Atoka)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-22-S, R-34-E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Csg. <input checked="" type="checkbox"/>
(Other) <input 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.) *

2- 3-88 Depth 11,200' Ran CNL/LDT/DLL
2- 4-88 Depth 11,200' Cmt'd 7-5/8" 29.7# P110 & 33.7# S95 csg @ 11,200'
w/1,175 sx. Cmt did not circ. "DV" Tool @ 6018' w/850 sx. Set
slips. Cutting off.
2-26-88 TD 12,500' Cmt'd 5" 23.2# P110 FL4S liner @ 10,778' - 12,500'
w/265 sx. WOC.
2-28-88 TD 12,500' Cleaned out inside 5" liner to 12,480'. Tested 5"
liner to 1500 psi.
3- 5-88 Released rig: 11:30 A.M.

18. I hereby certify that the foregoing is true and correct

SIGNED

Dorothy Slaughter

TITLE Regulatory Supervisor

DATE 3/7/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

~~CONFIDENTIAL~~

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
BTA Oil Producers

Address
104 South Pecos; Midland, TX 79701

Reason(s) for filing (Check proper box)

☒ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name R-8667 6/1/88
Maddox Fed ~~8~~, 8016 JV-P 2 Antelope Ridge (Atoka) State State, Federal or Fee Federal Lease No. NM23768

Location
Unit Letter -E- 1980 Feet From The North Line and 660 Feet From The West

Line of Section 35 Township 22-S Range 34-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Sun Refining & Marketing Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2039; Tulsa, OK 74102

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Llano, Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1320; Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	35	22S	34E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dorothy Houghton
DOROTHY HOUGHTON (Signature)
Regulatory Supervisor
(Title)
3-14-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X					
Date Spudded 12-28-87	Date Compl. Ready to Prod. 3-4-88	Total Depth 12,500'				P.B.T.D. 12,480'			
Elevations (DF, RKB, RT, GR, etc.) 3,401' GR 3,426' KB	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,252'				Tubing Depth 12,092'			
Perforations 12,252'-12,374'						Depth Casing Shoe 12,500'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
20"	16"		1,653'		1600 sx - Circ				
14-3/4"	10-3/4"		5,135'		3150 sx				
9-1/2"	7-5/8"		11,200'		*2025 sx DV @ 6018				
6-1/2"	Liner 5"		10,778-12,500'		265 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top casing shoe for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 3310	Length of Test 24 hrs	Bbls. Condensate/MMCF 17,240	Gravity of Condensate 54 ⁰
Testing Method (pistol, back pr.) Orifice meter	Tubing Pressure (Shut-in) 3200 psi	Casing Pressure (Shut-in) Pkr.	Choke Size 17/64"

* TOC @ 1,400'