

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR CATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 23768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Maddox (Fed) -B-, 8016 JV-P

9. WELL NO.

2

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 13. STATE

Lea

N.M.

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

BTA OIL PRODUCERS

3. ADDRESS OF OPERATOR

104 South Pecos Midland, TX 79701

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3,401' GR 3,426' KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud & Surf. Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

12-28-87 Spudded @ 6:30 p.m. Drlg 20" hole.

1-02-88 Depth 1,653'. Cmt'd 75# J55 BTC 16" csg @ 1,653' w/1,600 sx. Cmt Circ.
WOC. Cut-off, welded flange. Installing BOP's.

1-03-88 Drlg 14-3/4" hole.

ACCEPTED FOR RECORD

JAN 7 1988

SJS
CARLSBAD, NEW MEXICO

RECEIVED
JAN 5 11 50 AM '88

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

SIGNED

Corothy Wagoner

TITLE Regulatory Supervisor

DATE 1/4/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side