

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BTA Oil Producers

3. Address and Telephone No.

104 S. Pecos, Midland, TX 79701 915-682-3753

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1650' FEL  
Sec 34, T22S, R34E

5. Lease Designation and Serial No.  
NM19143

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Maxus -B-, 8026 JV-P #3

9. API Well No.

30-025-30661

10. Field and Pool, or Exploratory Area

Antelope Ridge (Atoka)

11. County or Parish, State

Lea Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Well Shut In

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Administrative Amendments to Division Order No's 9009 & 9009A

Well Shut In 11-15-92

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

Signed Dorothy Neughton

Title Regulatory Administrator

Date 12-2-92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

**FOR RECORD ONLY** OCB

Date