

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 19143

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Maxus -B-, 8026 JV-P

9. WELL NO.

3

10. FIELD AND POOL OR WILDCAT

Antelope Ridge (Atoka)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T-22-S, R-34-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

BTA OIL PRODUCERS

3. ADDRESS OF OPERATOR

104 South Pecos, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FNL & 1650' FEL

14. PERMIT NO.

30-025-30661

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

3,403' GR 3,423' RKB

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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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 perti-
nent to this work.)*

12-11-89 Did not set optional 7 5/8" Drilling liner due to
formation pressure.
Set 5 1/2" liner from 11,311' to 13,500' as per
Form 3160-5 dated 12/15/89.

RECEIVED

ACCEPTED FOR RECORD

Ad

FEB 26 1990

CARLSBAD, NEW MEXICO

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

SIGNED

Dorothy Houghton

TITLE Reg. Administrator

DATE 12/11/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side