

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0133
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 ☐ GAS WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BTA OIL PRODUCERS	8. FARM OR LEASE NAME Maxus -B-, 8026 JV-P
3. ADDRESS OF OPERATOR 104 South Pecos, Midland, Texas 79701	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1,650' FEL Unit B	10. FIELD AND POOL, OR WILDCAT Antelope Ridge (Atoka)
14. PERMIT NO. 30-025-30661	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-22-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,403' GR 3,423' RKB	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	Csg ☒
(Other) ☐			

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.)*

10-30-89 Depth 5,180' Cmt'd 13 3/8" 68# J55 & 72# N80 csg @ 5,180' w/ 3312 sx. WOC. Installed csg hd & BOP's. WIH w/ bit & clean out to shoe. Tested csg to 1500 psi WOC 18 hrs total. Drld shoe.

10-31-89 Drlg 12 1/4" hole.

11- 1-89 Depth 5,535' Drlg 12 1/4" hole.

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

SIGNED Dorothy Houghton TITLE Regulatory Administrator DATE 11/2/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS