

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM43564
2. Name of Operator BTA Oil Producers	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 104 S. Pecos, Midland, TX 79701 915-682-3753	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 990' FWL Sec 26, T22S, R34E <i>Unit 7m</i> SW/SW	8. Well Name and No. #3, Ojo Chiso Fed. 8817JVP
	9. API Well No. 3C-025-30733
	10. Field and Pool, or Exploratory Area Antelope Ridge Morrow
	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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Liner & Rig Release</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion or 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.)*

12-28-91: TD 13,572', Cmtd 5" 18# N80 FL4S liner from 11380 to 13568' w/250 sx, WOC 18 hrs.

12-29-91: Drld hard cmt from 10,800' to top of liner @ 11,380', Circ & tstd liner top to 1500 psi on 13 ppg mud - OK.

12-30-91: WIH w/mill, Clnd out inside liner to 13,437', Circ & displaced mud w/10ppg brine.

1-1-92: 12:00 a.m. Released Rig.
Prep to complete.

AK

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

Signed *Dorothy R. Houghton* Title Regulatory Administrator Date 1-2-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____