Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-26666

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. B-158-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [XX] DEEPEN [X] PLUG BACK [ ]

b. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: NM-BZ-State, 8817 JV-P

2. Name of Operator: BTA Oil Producers

8. Well No. 1

3. Address of Operator: 104 S. Pecos, Midland, TX 79701

9. Pool name or Wildcat: Undesig Bone Spring

4. Well Location
Unit Letter N : 730 Feet From The South Line and 2050 Feet From The West Line

Section 26 Township 21S Range 34E NMPM Lea County

10. Proposed Depth 13,350 TD 10,500 PB

11. Formation: Bone Spring

12. Rotary or C.T.: Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.): 3689' GR

14. Kind & Status Plug. Bond: Blanket

15. Drilling Contractor: Permian Service Co.

16. Approx. Date Work will start: 9-1-92

17. EXISTING~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48	400	500	Surface
12-1/4	10-3/4	55.5,51,45.5,40.5	5715	3500	TOC @ 50'
9-1/2	7-5/8	33.7	11080	2150	TOC @ 600'
6-1/2	4-1/2	15.5	13350	393	

MIRU

Sqz Delaware Perfs @ 8284-8324' w/75 sx Cl H w/.3% Halad 9 + 75 sx Cl H neat, Sqz to 300 psi.

WOC - SION - Test sqz to 2000 psi.

Drill out CIBP's @ 8600' & 10,155', Clean out to 10,500'.

Perf 10,100 - 10,130', Frac w/97,290 gals. + sand. Flow & Swb back to evaluate.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 8-25-92

TYPE OR PRINT NAME Dorothy Houghton TELEPHONE NO. 915/682-3753

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 27 '92

CONDITIONS OF APPROVAL, IF ANY: