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 [ ] DEEPEN [ ] PLUG BACK [XX]

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 Delaware

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	11. Formation	12. Rotary or C.T.
13,350 TD 8,565 PB	Delaware	Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3689' GR	Blanket	Permian Service Co.	10-91

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	

Set 7-5/8" CIBP @ 10150' w/wireline & cap w/35' cmt
Set 7-5/8" CIBP @ 8600' w/wireline
Perf (L. Delaware) 8284-8324' w/2 spf
Cap CIBP @ 8600' w/35' cmt.

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 10-7-91

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

(This space for State Use)

Approved by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: