

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

5. Indicate Type of Lease
STATE ☒ 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 ☐

7. Lease Name or Unit Agreement Name

N. M. State (BZ), 8817 JV-P

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

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
Wildcat

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
10,500

11. Formation
Bone Springs

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 Servicing

16. Approx. Date Work will start
9-3-91

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	Surf
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	

CIBP @ 12,800'

CIBP @ 12,335 See Attached Schematic

Proposed:

Set CIBP @ 10,815'

Perf & test Bone Springs

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 8-16-91

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.