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) 30-025-30983

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

6. State Oil & Gas Lease No. V-2712

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 [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Grama -B-, 8817 JV-P

2. Name of Operator: BTA Oil Producers

8. Well No. 2

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

9. Pool name or Wildcat ~~Grama Ridge~~ (Delaware)

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 860 Feet From The East Line

Section 27 Township 21S Range 34E NMPM Lea County

10. Proposed Depth 13,280' T.D.11,000' PB
11. Formation Delaware
12. Rotary or C.T. Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.) 3688' GR 3713' RKB
14. Kind & Status Plug. Bond Blanket
15. Drilling Contractor Permian Service Co.
16. Approx. Date Work will start

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	68#	1214	1100	Surf
12-1/4	9-5/8	40#	5360	2300	TOC @ 2480
8-3/4	7	29#	11450	1980	
6-1/8	5" Liner	21.3#	11,048-13,279	250	

Proposed Procedure:

MIRU
Set CIBP @ 12,250' cap w/40' cmt
Spot 25 sx plug @ 11,100'
Spot 250 gals 10% acetic acid @ 8320'
Perf Delaware 8284'-8320' w/1 JSPF (35 holes)
Swb & 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 12-12-91

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: