

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

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

API NO. (assigned by OCD on New Wells)

30-025-31613

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-1025

7. Lease Name or Unit Agreement Name

Hudson State Com 8016 JV-P

8. Well No.

2

9. Pool name or Wildcat

Antelope Ridge, Atoka

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. Name of Operator

BTA Oil Producers

3. Address of Operator

104 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section 11 Township 23S Range 34E NMPM Lea County

10. Proposed Depth

13,387

11. Formation

Atoka

12. Rotary or C.T.

Workover

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

3366' GR & 3380' RKB

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

N/A

16. Approx. Date Work will start

Upon Approval

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	1998	2300	Surf
12-1/4	9-5/8	40	4987	2600	Surf
8-3/4	7	29	11700	1900	Surf
6-1/8	5 Liner	18,21.3 & 23.08#	11267-13385	270	

Application to Amend Administrative Order NSL-3125

Proposed Procedure:

13050 by TW
Set CIBP for 5" liner @ 13,080', Cap w/35' cmt
Perforate Atoka
Flow test well 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 10-18-93

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 04 1993

CONDITIONS OF APPROVAL, IF ANY: