

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-31613
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LG-1025
7. Lease Name or Unit Agreement Name	Hudson State, 8016 JV-P Com
8. Well No.	2
9. Pool name or Wildcat	Antelope Ridge, Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3366' GR 3380' RKB

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	BTA Oil Producers
3. Address of Operator	104 S. Pecos, Midland, TX 79701
4. Well Location	Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line

Section	11	Township	23S	Range	34E	NMPM	Lea	County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-16-92: Spudded 11:00 a.m., Drlg 17-1/2" hole

10-22-92: Depth 1998', Cmtd 13-3/8" 68# K55 BTC csg @ 1998' w/2300 sx.  
Cmt circ WOC 8 hrs, Installed csghd & BOP's, Cleaned out to shoe  
Tested csg to 1000 psi, WOC 18 hrs total & drld shoe, Drlg 12-1/4" hole.

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 10-23-92

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 \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 02 '92