

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)

30-025-31739

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 485

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

7. Lease Name or Unit Agreement Name

State -2-, 8016 JV-P Com

8. Well No.

2

9. Pool name or Wildcat

Antelope Ridge, Atoka

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line

Section 2 Township 23S Range 34E NMPM Lea County

10. Proposed Depth

13,460 TD

11. Formation

Atoka

12. Rotary or C.T.

Workover

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

3382' GR 3407' RKB

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

N/A

16. Approx. Date Work will start

1-10-94

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 | 2000 | 2300 | Surface |
| 12-1/4 | 9-5/8 | 40 | 4150 | 2000 | Surface |
| 8-3/4 | 7 | 29 | 10373 | 2000 | Surface |
| 6-1/8 | 5" liner | 18 | 9991'-13459' | 350 | |

Application to Amend Administrative Order NSL - 3177

Proposed Procedure:

Set CIBP @ 12,835', Cap w/35' cmt.

Perforate Atoka from 12,122'-12,260'.

Flow test well to evaluate - If successful, Shut in until Order Amended for Atoka.

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

1-5-94

(915)

TYPE OR PRINT NAME

Dorothy Houghton

TELEPHONE NO.

682-3753

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 10 1994

CONDITIONS OF APPROVAL, IF ANY: