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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Revised 10-68

10. Indicate Type of Lease Date ☒ Free ☐	
11. Title Oil & Gas Lease No.	
12. Unit Agreement Name	
13. Farm or Lease Name Lea, 7406 JV-S	
14. Well No. 3	
15. Field and Pool, or Wildcat Undesignated	
16. County Lea	

1a. TYPE OF WELL
 OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER _____

b. TYPE OF COMPLETION
 NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

2. Name of Operator
 BTA OIL PRODUCERS

3. Address of Operator
 104 South Pecos, Midland, Texas 79701

4. Location of Well
 UNIT LETTER -M- LOCATED 990 FEET FROM THE West LINE AND 330 FEET FROM

THE South LINE OF SEC. 28 TWP. 26-S RGE. 36-E N.M.P.M.

15. Date Spudded 1/14/78	16. Date T.D. Reached --	17. Date Compl. (Ready to Prod.) --	18. Elevations (DT, RKB, RI, GR, etc.) 2908' GL	19. Elev. Casinghead 2916'
20. Total Depth 887'	21. Plug Back T.D. --	22. If Multiple Compl., How Many --	23. Intervals Drilled By Rotary Tools 0-887'	Cable Tools

24. Producing interval(s), of this completion - Top, bottom, Name

25. Was Directional Survey Made
 No

26. Type Electric and Other Logs Run
 None

27. Was Well Cored
 No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB. FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
None Set					

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
				DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Bob K. Newland BOB K. NEWLAND TITLE Regulatory Supervisor DATE 7/6/79