

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instructi
verse side)DATE*
OR re-Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

| | | | |
|---|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM 13430 | |
| 2. NAME OF OPERATOR BTA OIL PRODUCERS | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 104 South Pecos Midland, Texas 79701 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL of Sec. 21 NOV 4 1980 | | 8. FARM OR LEASE NAME Lea 21, 7406 JV-S | |
| 14. PERMIT NO. -- | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2926' GL | | 10. FIELD AND POOL, OR WILDCAT Comanche - Stateline Tansil Yates | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, Twp 26-S Rge 36-E | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* | | 12. COUNTY OR PARISH Lea | |
| | | 13. STATE New Mexico | |

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spud & Set casing X
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9/6/80 Spudded 4:30 AM, Drlg 12-1/4" hole.

9/8/80 Cmtd 8-5/8" 24# csg. @ 1400' w/1000 sx cmt. cmt circ. WOC.

9/9/80 Csg. Pressure tested OK. Drlg 7-7/8" hole.

9/21/80 Cmtd 5-1/2" 14# csg. @ 3668' w/250 sx cmt. TOC @ 2810'. WOC.

9/30/80 Pressure Tested csg to 2500 psi. Held OK. Prep to complete.

18. I hereby certify that the foregoing is true and correct

SIGNED

BOB K. NEWLAND

TITLE Regulatory Supervisor

DATE 10/29/80

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD
W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 6 1980

U.S. GEOLOGICAL SURVEY Instructions on Reverse Side
ROSWELL, NEW MEXICO