

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O.G.C.  
SUBMIT IN TRICATE\*  
(Other instruct on re-verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM- 13430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lea 21, 7406 JV-S

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT  
Comanche - State Line  
Tansill - Yates

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 21, Twp 26-S  
Rge. 36-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

BTA OIL PRODUCERS

3. ADDRESS OF OPERATOR

104 South Pecos Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

1980' FNL & 1980' FEL of Sec. 21

U. S. GEOLOGICAL SURVEY

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, or HOBBS, NEW MEXICO)

2926' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) Spud & Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

9/24/80 Spudded 5:00 AM, Drlg. 12-1/4" hole.

9/26/80 Cmtd 8-5/8" 23# Csg. @ 1402' w/1000 sx. Cmt Circ., WOC.

9/27/80 Csg Pressure Tested OK. Drlg 7-7/8" hole.

10/11/80 Cmtd 5-1/2" 14# Csg. @ 3658' w/250 sx cmt., TOC @ 2751', WOC.

10/14/80 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 use)

APPROVED BY

PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 6 1980

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side