

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instruct
verse side)CATE*
on 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. NM13430
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 1980' FSL & 1980' FEL		8. FARM OR LEASE NAME Lea 21, 7406 JV-S
14. PERMIT NO. 8/25/80		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2923' GL		10. FIELD AND POOL, OR WILDCAT Comanche State Line Tansill Yates
		11. SEC., T., R., OR B.L. AND SURVEY OR AREA Sec. 21, Twp 26-S Rge. 36-E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & Csg</u>	
(Other) <input type="checkbox"/>		(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.)*

10/12/80 Spudded @ 9:00 pm. Drlg 12 1/4" hole.

10/14/80 Cmted. 23# 8 5/8" K55 STC csg @ 1400' W/1000 sx.cmt circ. WOC

10/15/80 Csg. Pressure tested , ok. Drlg 7 7/8" hole.

10/23/80 Cmted. 15.5# 5 1/2" K55 STC csg @ 3574' w/250 sx. TOC @ 2633' WOC.

10/24/80 Pressure tested to 2500 psi. Held ok. Prep to complete.

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

SIGNED

Bob K. Newland
Bob K. Newland

TITLE

Regulatory Supervisor

DATE

11/13/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

DEC 5 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side