

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-33675

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lea "17", 7426 JV-S

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Comanche Stateline (Tansil
Yates)11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec. 17, 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, or other)

2960' GL

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)*

2/19/81 Spudded 1:pp A.M., Drlg 12 1/4" hole.2/21/81 Cmtd 8-5/8" 23# Csg @ 1400' W/1300 sx cmt. Cmt Cir., WOC.2/22/81 Csg Pressure Tested OK.2/23/81 Drlg 7-7/8" hole in anhydrite & salt w/FW.3/6/81 Lost hole @ 2879' due to lost circulation. Verbal approval to P&A from USGS.3/7/81 P&A - Dry Hole Marker Installed.

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

SIGNED

Bob K. Newland
BOB K. NEWLANDTITLE Regulatory AdministratorDATE 7/22/81

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-3-80