

AMENDED
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 16139										
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		8. FARM OR LEASE NAME Pitchfork, 8703 JV-P										
14. PERMIT NO. 4-6-87 (Cert #160)		9. WELL NO. 1										
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3,348' GR 3,373' KB		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch (Morrow)										
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. 9, T-25-E, R-34-E										
NOTICE OF INTENTION TO: <table style="width: 100%;"><tr><td>TEST WATER SHUT-OFF <input type="checkbox"/></td><td>PULL OR ALTER CASING <input type="checkbox"/></td></tr><tr><td>FRACTURE TREAT <input type="checkbox"/></td><td>MULTIPLE COMPLETE <input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE <input type="checkbox"/></td><td>ABANDON* <input type="checkbox"/></td></tr><tr><td>REPAIR WELL <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td></tr><tr><td>(Other) <input type="checkbox"/></td><td></td></tr></table>		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		12. COUNTY OR PARISH Lea
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>											
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>											
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>											
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>											
(Other) <input type="checkbox"/>												
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.)* 5-05-87 Depth 5,154' Cmt'd 45.5 K55 & 51# N80 10-3/4" STC csg @ 5,154' w/3,000 sx Cmt Circ. WOC. 5-06-87 Installed spool & BOP's. Tested to 2,000 psi - OK, Drlg 9-1/2" hole. 5-27-87 Depth 13,200' Cmt'd 29.7# P110 & 33.7# S95 - LTC 7-5/8" csg @13,200' w/2,500 sx. Circ DV Tool @ 7,989'. Cmt Circ. WOC. TOC @ 3,300'. 5-28-87 Depth 13,200' Set slips, cut-off, installed spool & BOP's. 5-29-87 Depth 13,232' Drld out & tested 7-5/8" csg to 2400 psi on 9.3 PPG fluid-OK. Drlg 6-1/2" hole.		13. STATE N.M.										

ACCEPTED FOR RECORD

JUN 4 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED

Dorothy K. Thompson

TITLE Regulatory Supervisor

DATE 6/1/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JUN 8 1987
OCD
HOBBS OFFICE