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Form 3160- 5 (August, 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-entropped of abandoned well. Use Form 3160-3 (APD) for such proposals.						5. Lease Serial No. NMNM97153 6. If Indian, Allottee, or Tribe Name			
SUBMIT IN TRIPLICATE - Other Instructions on page 2. or p 1 7 2014						7. If Unit or C	A. Agreement Name	e and/or No.	
1. Type of Well Gas Well Gas Well						8. Well Name and No.			
2. Name of Operator	RECEIVED			9418 JV-P Vaca Draw #4H					
BTA Oil Producers LLC			[	9. API Well N	lo.				
3a. Address 104 S. Pecos		36. 1	3b. Phone No. <i>(include area code)</i> 432-682-3753			30-025-41623			
Midland, TX 79701		<u>}</u>				10. Field and Pool, or Exploratory Area			
4. Location of Well <i>(Footage, Sec., T., R.,</i> SHL: 190' FNL & 1650' FW	0-T25S-R33	Lat. 33E			Red Hills; Bone Spring, Upper Shale				
BHL: 360' FSL & 1790' FW		Long			Lea NM				
12. CHECK APPROPRIATE BOX	K(S) TO INDICATE NATU	RE OF NOT	ſICE, REPO	RT, OR OTHE	ER DA	ТА	<u> </u>		
TYPE OF SUBMISSION   TYPE OF ACTION									
Notice of Intent	Acidize	Acidize Deepen Production (Start/ Resume)					Water Sh	nut-off	
	Altering Casing	Fractu	ire Treat	Reclama	ition	Well Integrity			
X Subsequent Report	Casing Repair	New (	Construction	Recomp	lete	X Other			
	Change Plans	Plug a	g and abandon Temporarily Abandon		ndon	Complet	tion Operations		
Final Abandonment Notice			lug back Water Dispose			al			
determined that the site is ready for fina 4/22/14 MIRU. Insert test No leak-off. Ran CBL. TC 6/6/14 to 6/11/14 Perforate 7622832 gal fluid. 6/13/14 Began flowing bac	plug & test to 9500#. Te DC @ 1900'. Set CBP @ e Bone Spring 9619-1376	13865'. Pe	erforate 138	815-13825' (6 886 gal 7 1/2	50) & j <del>%;</del> Fr	perform in a <del>c-w/6659</del>	jection test. 540#_sand_& DFORR	ECORD	
RITE ALL OF LAND MANACEMENT								CEMENT	
14. 1 hereby certify that the foregoing is true and correct. Name (Printed! Typed) CARLSBAD FIELD OFFICE								FICE	
Pam Inskeep				Title: Regulatory Administrator					
Signature: - Man Dh. Al/a	<u>μ</u> Ω ,				/			,	
PUTA VIVIKE	<u>(μ/</u> THIS SPACE F				EUSE	<u></u>			
								<u></u>	
	equitable title to those rights in blicant to conduct oper	the subject le ations there	ase Office:		1		Date:		
Title 18 U.S.C. Section 1001 AND Tit States any false, fictitiousor fraudulent staten	le 43 U.S.C. Section 1212, mal nents or representations as to any ma	ke it a crime atter within its ju	for any perso irisdiction.	on knowingly and	i willful	ly to make a	my department or	agency of the United	
(Instructions on page 2)	nstructions on page 2)								