

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address BTA Oil Producers LLC 104 S. Pecos Midland, TX 79701		² OGRID Number 260297
		³ Reason for Filing Code/ Effective Date NW 01/2017
⁴ API Number 30 - 025-43426	⁵ Pool Name Grama Ridge; Bone Springs, West	⁶ Pool Code 28432
⁷ Property Code 316815	⁸ Property Name Grama 8817 JV-P Federal Com	⁹ Well Number 2H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	16	22S	34E		330	South	380	West	Lea

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	9	22S	34E		194	North	367	West	Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 1/18/17	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
33479	Holly Frontier Refining & Marketing LLC 303 W Wall, Ste 1200 Midland, TX 79701	O
24650	Targa Midstream Services LLC 6 Desta Drive, Ste 3300 Midland, TX 79705	G

IV. Well Completion Data

²¹ Spud Date 9/25/2016	²² Ready Date 1/16/2017	²³ TD 20168'	²⁴ PBDT 20053'	²⁵ Perforations 10700-20031'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1754'	1475		
12 1/4"	9 5/8"	5205'	1135		
8 3/4"	5 1/2"	20129'	3140		

V. Well Test Data

³¹ Date New Oil 1/07/17	³² Gas Delivery Date 1/18/17	³³ Test Date 1/23/17	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 750	³⁶ Csg. Pressure 80
³⁷ Choke Size 51/64	³⁸ Oil 2119	³⁹ Water 2169	⁴⁰ Gas 2441		⁴¹ Test Method Flowing

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Pam Inskeep*

Printed name:
Pam Inskeep

Title:
Regulatory Administrator

E-mail Address:
pinskeep@btaoil.com

Date:
2/03/2017

Phone:
432-682-3753

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Petroleum Engineer

02/09/17

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
OMB NO. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. LEASE DESIGNATION AND SERIAL NO.

NMNM82799

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.
Other _____

6. INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT

2. Name of Operator
BTA Oil Producers LLC

8. FARM OR LEASE NAME
Grama Fed Com, 8817 JV-P 2H

3. Address
104 S. Pecos
Midland, TX 79701

3a. Phone No. (include area code)
432-682-3753

9. API WELL NO.
30-025-43426

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 330' FSL & 380' FWL, Unit M (SWSW)

At top prod. interval reported below

At total depth 194' FNL & 367' FWL, Unit D (NENE) Sec 9-T22S-R34E

10. FIELD NAME

Grama Ridge; Bone Springs, West

11. SEC. T. R. M. OR BLOCK AND SURVEY
OR AREA 16 T 22S R 34E

12. COUNTY OR PARISH 13. STATE
Lea NM

14. Date Spudded 9/25/16 15. Date T.D. Reached 10/17/16 16. Date Completed 1/16/17
☐ D & A ☒ Ready to Prod.

17. ELEVATIONS (DF, RKB, RT, GR, etc.)*
3476' GR 3501' KB

18. Total Depth: MD 20168' TVD 10322' 19. Plug back T.D.: MD 20053' TVD 10322' 20. Depth Bridge Plug Set: MD 20053' TVD 10329'

21. Type Electric & other Logs Run (Submit a copy of each)
MWD-GR

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit report)
Directional Survey? ☐ No ☒ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/ Grade	Wt. (#/ft.)	Top (MD)	Bottom(MD)	Stage Cement Depth	No. of Sks. & Type of Cement	Slurry Vol. (Bbl)	Cement Top*	Amount Pulled
17 1/2"	13 3/8" J55	54.5#	0	1754'	None	1475		0	None
12 1/4"	9 5/8" J55	40#	0	5205'	None	1135		0	None
8 3/4"	5 1/2" P110	20#	0	20129'	None	3140		3465'	None

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-7/8"	10020'	10020'						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. of Holes	Perf. Status
A) Bone Spring	10700'	20031'	10700-20031'	0.43	2816	Open
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
10700-20031'	A w/4576 bbls, F w/446030 bbls wtr + 10116 tns sd

28. Production- Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Production Method
1/7/17	1/23/17	24	→	2119	2441	2169	42.4		Flowing
Choke Size	Tbg. Press Flwg.	Csg. Press.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Well Status	
51/64"	750	80	→	2119	2441	2169	1152	Producing	

28a. Production- Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press Flwg.	Csg. Press.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Well Status	
			→						

* See instructions and spaces for additional data on page 2)

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28b. Production- Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press Flwe SI	Csg Press	24 Hr. Rate →	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Well Status	

28c. Production- Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press Flwe SI	Csg Press	24 Hr. Rate →	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

Flared

30. Summary of Porous Zones (include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries

31. Formation (Log) Markers:

Formation	Top	Bottom	Descriptions Contents, Etc.	Name	Top Measured Depth
				Top of Salt	2024'
				Base of Salt	3340'
				Delaware	5228'
				Cherry Canyon	5953'
				Brushy Canyon	6862'
				Bone Spring Lm	8467'
				Avalon Shale	8615'
				1st Bone Spring	9505'
				2nd Bone Spring	10400'
					TVD. 10401'

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/ Mechanical Logs (1 full set required)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Surveys
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Pam Inskeep Title Regulatory Administrator

Signature _____ Date 2/3/17

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

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-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.*

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM82799
2. Name of Operator BTA Oil Producers LLC		6. If Indian, Allottee, or Tribe Name ---
3a. Address 104 S. Pecos Midland, TX 79701	3b. Phone No. (include area code) 432-682-3753	7. If Unit or CA. Agreement Name and/or No. ---
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SWSW 330' FSL & 380' FWL, Sec 16, T22S-R34E		8. Well Name and No. Grama Fed Com, 8817 JV-P 2H
Lat. Long.		9. API Well No. 30-025-43426
		10. Field and Pool, or Exploratory Area Grama Ridge; Bone Springs, West
		11. County or Parish, State Lea NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	Casing/Cement
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

9/25/16 Spud well.

9/28/16 TD 17-1/2" hole @ 1754'. Set 13 3/8" 54.5# J-55 csg @ 1754'. Cmt w 1475 sx Class C. Circ to surface. WOC 18 hrs.
Test csg to 1500# for 30 min.

10/01/16 TD 12-1/4" hole @ 5205'. Set 9 5/8" 40# J-55 & N-80 csg @ 5205'. Cmt w 1135 sx Class C. Circ to surface. WOC 18 hrs.
Test csg to 1500# for 30 min.

10/17/16 TD 8-3/4" hole @ 20129'. Set 5-1/2" 20# P-110 TXP-BTC csg @ 20129'. Cmt w/3140 sx Class H. TOC 3465' tag.

10/18/16 Test 5-1/2" csg to 8500#. Rig released.

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

Name (Printed/ Typed)

Pam Inskeep

Signature:

Title:

Regulatory Administrator

Date:

12/30/16

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Title:

Date:

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office:

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	Begin completion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	operations

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11/09/16 Test annulus to 10000 for 10 min. Good test.

12/04-17/16 Perforate and frac Bone Spring 10700 - 20031'. A\4576 bbls acid.

12/29/16 Drill out to last plug. Prep to begin flowback.

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

Name (Printed/ Typed)

Pam Inskeep

Title:

Regulatory Administrator

Signature:

Date:

12/30/16

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Title:

Date:

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(Instructions on page 2)