OCD Artesia

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

					5. Lease Serial No.		
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.				NMNM0160973 6. If Indian, Allottee, or Tribe Name			
				6. If Indian, A	o. If Indian, Allottee, of Thoe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA. Agreement Name and/or No.		
I. Type of Well							
X Oil Well Gas Well Other				8. Well Name and No.			
2. Name of Operator BTA Oil Producers LLC				8115 JV-P Mesa B Com #2H			
3a. Address 3b. Phone No. (include area code)				30-025-42125			
104 S. Pecos		43	432-682-3753		10. Field and Pool, or Exploratory Area		
Midland, TX 79701 4. Location of Well (Footage, Sec., T., R.,		Lat.	WC-025 G-06 S253329D; Up Bone Spring				
	F	Long.	11. County or Parish, State				
190' FSL & 1050' FEL, Unit P (SESE) Sec 7-T26S-R33E					Lea NM		
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATUR	RE OF NOTICE, R	EPORT, OR OTHER I	DATA			
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent	Acidize	Deepen	Production (5	art/ Resume) Water Shut-off		shut-off	
	Altering Casing	Fracture Treat	Reclamation		Well Int	legrity	
X Subsequent Report	Casing Repair	New Construction	on Recomplete		X Other		
	Change Plans	Plug and abando	on Temporarily	bandon Compl		etion Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispos	al			
Attach the Bond under which the following completion of the involve testing has been completed. Final determined that the site is ready for final 1/10/15 to 1/12/15 MIRU. 1280'. Drill out DVT & cle 1/13/15 to 1/17/15 Perforat fluid. 1/20/15 Began flowing bac 1/21/15 Date of first productions.	d operations. If the operation re Abandonment Notice shall be inspection.) Load & test 9 5/8" csg to an down to 13644'. Perforte Bone Spring 9387-1353 k & testing.	sults in a multiple of filed only after all results in a multiple of	est. Test 5 1/2" csg to 9' (60) & perform inj	in a new interval lamantion, have	al, a Form 3160 been completed, od test. Ran (O-4 shall be filed once and the operator has CBL. TOC @	
14. I hereby certify that the foregoing is true Name (Printed Typed) Pam Inskeep	Title:	Regulatory Administrator					
Signature:		Date:	2/13/15				
sted /	THIS SPACE F	OR FEDERAL O	R STATE OFFICE U	SE		11.10	
Approved by: Conditions of approval, if any are attack	andi. Approval of this notice does	Title:	1		Date:	2/16/2010	
	olicant to conduct opera	tions thereon.	CHUSHALLIN		1CQ		
Title 18 U.S.C. Section 1001 AND Tit States any false, fictitiousor fraudulent statem (Instructions on page 2)	le 43 U.S.C. Section 1212, make nents or representations as to any materials.	e it a crime for any ter within its jurisdiction	person knowingly and wi	llfully to make a	my department of	r agency of the United	
/ be-0/							