SUNDRY Do not use ti					nter and y		
SUBMIT IN	TRIPLICATE - Other instru	ctions on p	age 2 CEI	S. Pro	7. If Unit or CA/Agree	ement, Name and/or No.	
1. Type of Well Soli Well Gas Well C		8. Well Name and No. ROJO B 7811 JV-P 2H					
2. Name of Operator BTA OIL PRODUCERS LLC	P		9. API Well No. 30-025-42898				
3a. Address 3b. Phone No. (include area code) 104 S PECOS Ph: 432-682-3753 MIDLAND, TX 79701 Fx: 432-683-0325					10. Field and Pool or Exploratory Area RED HILLS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State			
Sec 22 T25S R33E NWNW		LEA CO COUNTY, NM					
12. CHECK THE A	APPROPRIATE BOX(ES) TO	O INDICAT	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	tice of Intent		en	Product	ion (Start/Resume)	□ Water Shut-Off	
	□ Alter Casing	🗖 Hydr	aulic Fracturing	□ Reclamation		U Well Integrity	
Subsequent Report	Casing Repair		Construction	□ Recomplete		🛛 Other	
Final Abandonment Notice	 Change Plans Convert to Injection 			 Temporarily Abandon Water Disposal 			
13. Describe Proposed or Completed O		Plug			-	vimate duration thereof	
following completion of the involve testing has been completed. Final a determined that the site is ready for BTA respectfully requests a Permit to Drill for this well. This location is within an Iso on the time, stipula	rork will be performed or provide the ed operations. If the operation result Abandonment Notices must be filed final inspection. waiver to the Lesser Prairie C lated Population Area, howe than map and LPC h Himby stip COA for	ts in a multiple only after all r Chicken Tim Ver this were wot	ing Stipulation C location fet been locate	mpletion in a sing reclamation	new interval, a Form 316 n, have been completed a	as Mentified	
2	b~ wildline Broligia						
14. I hereby certify that the foregoing is true and correct. Electronic Submission #374251 verified by the BLM Well Information System For BTA OIL PRODUCERS LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/01/2017 ()							
Name(Printed/Typed) PAM INSKEEP			Title REGULATORY ADMINISTRATOR				
Signature (Electronic	Date 04/27/2017						
	THIS SPACE FOR	FEDERA	L OR STATE	OFFICE U	SE		
Approved By Carly A May the			Title FIELD MANAGER				
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 CARLSBAD FIELD OFFICE				
Fitle 18 U.S.C. Section 1001 and Title 4 States any false, fictitious or fraudulen	3 U.S.C. Section 1212, make it a crist t statements or representations as to	me for any per any matter wi	son knowingly and hin its jurisdiction.	willfully to ma	ake to any department or	agency of the United	
(Instructions on page 2) ** OPERA	TOR-SUBMITTED ** OPE	ERATOR-S	SUBMITTED *	* OPERAT	OR-SUBMITTED	** /1	