

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

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

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address BTA Oil Producers, LLC 104 South Pecos Midland, TX 79701		<sup>2</sup> OGRID Number 260297
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025 - 43079	<sup>5</sup> Pool Name JENNINGS; UPPER BONE SPRING SHALE	<sup>6</sup> Pool Code 97838
<sup>7</sup> Property Code 305301	<sup>8</sup> Property Name MESA 8105 JV-P	<sup>9</sup> Well Number 9H

**II. <sup>10</sup> Surface Location**

UL or lot no. D	Section 12	Township 26S	Range 32E	Lot Idn	Feet from the 330	North/South Line NORTH	Feet from the 470	East/West line WEST	County LEA
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**<sup>11</sup> Bottom Hole Location**

UL or lot no. M	Section 12	Township 26S	Range 32E	Lot Idn	Feet from the 246	North/South line SOUTH	Feet from the 402	East/West line WEST	County LEA
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 3/01/17	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
214984	PLAINS MARKETING, L.P. P.O. BOX 4648 HOUSTON, TX	O
298751	REGENCY FIELD SERVICES LLC 2001 BRYAN ST, SUITE 3700 DALLAS, TX 75201	G
<b>HOBBS OCD</b>		
<b>MAY 21 2018</b>		

**RECEIVED**

**IV. Well Completion Data**

<sup>21</sup> Spud Date 01/02/2017	<sup>22</sup> Ready Date 02/19/17	<sup>23</sup> TD 14600'	<sup>24</sup> PBTD	<sup>25</sup> Perforations 10000' - 14515'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size 17 1/2"	<sup>28</sup> Casing & Tubing Size 13 3/8"	<sup>29</sup> Depth Set 813'	<sup>30</sup> Sacks Cement 690 sx		
12 1/4"	9 5/8"	4685'	1290 sx		
8 3/4"	5 1/2"	14600'	2065 sx		
	2 7/8" tbg	9390'			

**V. Well Test Data**

<sup>31</sup> Date New Oil 02/18/17	<sup>32</sup> Gas Delivery Date 03/01/17	<sup>33</sup> Test Date 03/05/17	<sup>34</sup> Test Length 24 hr	<sup>35</sup> Tbg. Pressure 775	<sup>36</sup> Csg. Pressure 383
<sup>37</sup> Choke Size 37/64	<sup>38</sup> Oil 641	<sup>39</sup> Water 2607	<sup>40</sup> Gas 641		<sup>41</sup> Test Method Flowing

<sup>42</sup> 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: *Kayla McConnell*

Printed name: KAYLA MCCONNELL

Title: REGULATORY ANALYST

E-mail Address: KMCCONNELL@BTAOIL.COM

Date: 5/18/2018

Phone: 432.682.3753

OIL CONSERVATION DIVISION

Approved by: *Haven Sharp*

Title: *Staff Mgr*

Approval Date: *5-21-18*

Pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**WELL COMPLETION OR RE-COMPLETION REPORT AND LOG**

**Bold\*** fields are required.

**Section 1 - Completed by Operator**

<b>1. BLM Office*</b> Hobbs, NM	<b>2. Well Type*</b> OIL
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<b>3. Completion Type*</b> New Well
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**Operating Company Information**

<b>4. Company Name*</b> BTA OIL PRODUCERS, LLC	<b>HOBBS OCD</b>
<b>5. Address*</b> 104 SOUTH PECOS MIDLAND TX 79701	<b>6. Phone Number*</b> 432-682-3753  <b>MAY 21 2018</b>  <b>RECEIVED</b>

**Administrative Contact Information**

<b>7. Contact Name*</b> KAYLA _ MCCONNELL	<b>8. Title*</b> REGULATORY ANALYST
<b>9. Address*</b> 104 SOUTH PECOS MIDLAND TX 79701	<b>10. Phone Number*</b> 432-682-3753 106 <b>11. Mobile Number</b> _____
<b>12. E-mail*</b> kmccconnell@btaoil.com	<b>13. Fax Number</b> _____

**Technical Contact Information**

<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>14. Contact Name*</b> _____	<b>15. Title*</b> _____
<b>16. Address*</b> _____ _____ _____	<b>17. Phone Number*</b> _____ <b>18. Mobile Number</b> _____
<b>19. E-mail*</b> _____	<b>20. Fax Number</b> _____

**Surface Location**

<b>21. Specify location using one of the following methods:</b> a) State, County, Section, Township, Range, Meridian, N/S Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description				
<b>State*</b> NM	<b>County or Parish*</b> LEA			
<b>Section</b> 12	<b>Township</b> 26S	<b>Range</b> 32E	<b>Meridian</b> _____	
<b>Qtr/Qtr</b> _	<b>Lot #</b> _	<b>Tract #</b> _	<b>N/S Footage</b> 330 FNL	<b>E/W Footage</b> 470 FWL
<b>Latitude</b> _	<b>Longitude</b> _	<b>Metes and Bounds</b> _____		

**Producing Interval Location**

<b>22. Specify location or</b> <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.	
<b>State*</b> _	<b>County or Parish*</b> _____

Pending BLM approvals will  
subsequently be reviewed  
and scanned

Section	Township	Range	Meridian
Qtr/Qtr	Lot #	Tract #	N/S Footage
Latitude	Longitude	Metes and Bounds	

Bottom Location			
23. Specify location or <input type="checkbox"/> Check here if the bottom hole location is the same as the surface location.			
State* NM	County or Parish* LEA		
Section 12	Township 26S	Range 32E	Meridian
Qtr/Qtr	Lot #	Tract #	N/S Footage
Latitude	Longitude	Metes and Bounds	

Lease and Agreement	
24. Lease Serial Number* NMNM14492	
26. If Unit or CA/Agreement, Name and/or Number	27. Field and Pool, or Exploratory Area* JENNINGS UPPER BN SP

Well			
28. Well Name* MESA 8105 JV-P		29. Well Number* 9H	
		30. API Number 30-025-43079	
31. Date Spudded 01/02/2017	32. Date T.D. Reached 01/17/2017	33. Date Completed 02/19/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3282 Ground Level
35. Total Depth: MD 14600 TVD 9808		36. Plug Back Total Depth: MD TVD	37. Depth Bridge Plug Set: MD TVD
38. Type Electric & Other Mechanical Logs Run (Submit copy of each)		39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> Yes (Submit Copy)	

40. Casing and Liner Record (Report all strings set in well)										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	J55	54.5	0	813		690		0	
12.25	9.625	J55	40	0	4685		1290		0	
8.75	5.5	P110	17	0	14600		2065		0	

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
2.78	9390	9360	A) BONE SPRING	10000	14515
			B)		
			C)		
			D)		

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status

10000	14515	—	5280	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

#### 44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
10000	14515	ACDZ W/2094 BBL ACID, FRAC W/223,000 BBL FLUID & 4,725 TONS SAND
—	—	—
—	—	—
—	—	—

#### 45. Production Method and Well Status for Production Intervals

Production Method	Well Status
Flows From Well	Producing Oil Well

#### 46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
—	03/05/2017	24	>>>>>	641	641	2607	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
37/64	775 —	383	>>>>>	641	641	2607	—	

#### 47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
—	—	—	>>>>>	—	—	—	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	— —	—	>>>>>	—	—	—	—	

#### 48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
—	—	—	>>>>>	—	—	—	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	— —	—	>>>>>	—	—	—	—	

#### 49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
—	—	—	>>>>>	—	—	—	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	— —	—	>>>>>	—	—	—	—	

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

Sold

51. 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.				52. Formation (Log) Markers	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
DELAWARE	4683	—	—	RUSTLER	728
BELL CANYON	4720	—	—	TOP OF SALT	1097
BRUSHY CANYON	7356	—	—	BASE OF SALT	4175
BONE SPRING	8937	—	—	DELAWARE	4683
—	—	—	—	BELL CANYON	4720
—	—	—	—	BRUSHY CANYON	7356

53. Additional remarks (include plugging procedure):

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

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☒ Directional Survey  
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☒ Other:

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

55. Name  
KAYLA \_ MCCONNELL

56. Title  
REGULATORY ANALYST

57. Date\* (MM/DD/YYYY)  
04/06/2018

58. Signature\*  
*You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.*

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.

### Section 2 - System Receipt Confirmation

59. Transaction 60. Date Sent 61. Processing Office

### Section 3 - Internal Review #1 Status

62. Review Category 63. Date Completed 64. Reviewer Name

65. Comments

### Section 4 - Internal Review #2 Status

66. Review Category 67. Date Completed 68. Reviewer Name

69. Comments

**Section 5 - Internal Review #3 Status**

70. Review Category	71. Date Completed	72. Reviewer Name
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73. Comments

**Section 6 - Internal Review #4 Status**

74. Review Category	75. Date Completed	76. Reviewer Name
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77. Comments

**Section 7 - Final Approval Status**

78. Disposition	79. Date Completed	80. Reviewer Name	81. Reviewer Title
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82. Comments

**INSTRUCTIONS**

**GENERAL:** This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

**ITEMS 24, 22, and 23:** Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

**ITEM 34:** Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**ITEM 40:** Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

**PRIVACY ACT**

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY:** 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

**PRINCIPAL PURPOSE:** The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

**ROUTINE USES:** (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**EFFECT OF NOT PROVIDING THE INFORMATION:** Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that: