Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

5. Lease Serial No.

LC1065194

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.				LC1065194 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.			
SUBMIT IN TRI	PLICATE:- Other instructio	ons on reverse side	e		104029 NM		
1. Type of Well Oil Well ☐ Oas Well ☐ Other				8. Well Name and No Bell Lake, 7909 JV-P No. 2			
2. Name of Operator BTA Oil Producers				9. API Well No.			
3a Address 3b. Phone No. (include area code			code)	30-025-34827 10. Field and Pool, or Exploratory Area Bell Lak Wildcat Upper Penn North (Gas)			
104 . Pecos, Midland, TX 79 4. Location of Well (Footage, Sec., 660' FSL & 1980' FEL SW/S Sec. 18, 23S-34E	T, R., M., or Survey Description) SE UL-O-			11. County of Lea Co	or Parish, State		<u></u>
12, CHECK API	PROPRIATE BOX(ES) TO IN	DICATE NATURE (OF NOTICE, RE	PORT, OR	OTHER D	AIA	
TYPE OF SUBMISSION	TYPE OF ACTION					0.55	
testing has been completed. Fit determined that the site is ready	Alter Casing Casing Repair Change Plans Convert to Injection ed Operation (clearly state all pertinent ectionally or recomplete horizontally, g the work will be performed or provide volved operations. If the operation resumal Abandonment Notices shall be file	ed only after all requireme	Temporarily Aba Water Disposal ed starting date of an di measured and true BLM/BIA. Require on or recompletion in the contraction is the contraction of the contract	ny proposed we vertical depted subsequent na new intervention, have be	Water Si Well Interpretation Other Other ork and appropriate	ximate duration to	hereof ones. days once or has
Test witnessed by Mr. Jim McCormick BLM-HFS. Chart provided previously.			ACCE	PTED	FOR REC	ORD	
		RECEIVEI		·	MAR 1	1 3 2009	
		HOBBSOCD		DIE		ND MANAGEM	ENT
						FIELD OFFICE	

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14. 1 hereby certify that the foregoing is true and correct Name (PrintediTyped)	Title Regulatory Administrator	
Pam Inskeep Signature MM MWW	Date 03/13/2009	
THIS SPACE FOR FEDER	RAL OR STATE OFFICE USE DISTRICT 1 SUPERVIS	ı O
Approved by (Signature)	(PrintediTyped) Title	
Conditions of approval, if any, are attached Approval of this notice does not wa certify that the applicant holds legal or equitable title to those rights in the subjewhich would entitle the applicant to conduct operations thereon.	arrant or 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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.