

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF BTA OIL PRODUCERS, LLC
FOR APPROVAL OF A WATER DISPOSAL WELL,
LEA COUNTY, NEW MEXICO.**

Case No. 15,159

AFFIDAVIT OF NOTICE

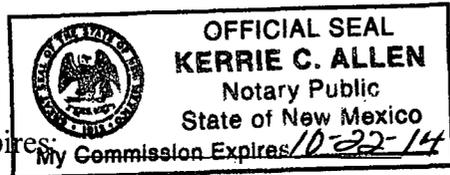
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for BTA Oil Producers, LLC
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators, offset working interest owners, and surface owner entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets and surface owner, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Form C-108, and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 25th day of June, 2014 by James Bruce.



My Commission Expires:


Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruce@aol.com

June 5, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for approval of a salt water disposal well, filed with the New Mexico Oil Conservation Division by BTA Oil Producers, LLC, regarding a well in the NE $\frac{1}{4}$ /SW $\frac{1}{4}$ of Section 10, Township 25 South, Range 33 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 26, 2014, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, June 19, 2014. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for BTA Oil Producers, LLC

EXHIBIT

A

EXHIBIT A

Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

Oil Conservation Division
1625 North French Drive
Hobbs, New Mexico 88240

Chevron U.S.A. Inc.
Chevron Midcontinent LP
1400 Smith Street
Houston, Texas 77002

Cimarex Energy Co. of Colorado
Suite 600
600 North Marienfeld
Midland, Texas 79701

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron U.S.A. Inc.
Chevron Midcontinent LP
1400 Smith Street
Houston, Texas 77002

2. Article Number
(Transfer from service label)

7013 3020 0000 4641 5699

PS Form 3811, July 2013 Domestic Return Receipt **BTA**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

MIDLAND TX 79702

| | | |
|------------------------------------------------|---------|------------------|
| Postage | \$ 1.82 | 0500 |
| Certified Fee | \$3.30 | 16 Postmark Here |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 7.82 | 06/05/2014 |

Sent To: EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4641 5729

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

HOUSTON TX 77002

| | | |
|------------------------------------------------|---------|------------------|
| Postage | \$ 1.82 | 0500 |
| Certified Fee | \$3.30 | 16 Postmark Here |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 7.82 | 06/05/2014 |

Sent To: Chevron U.S.A. Inc.
Chevron Midcontinent LP
1400 Smith Street
Houston, Texas 77002

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4641 5699

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7013 3020 0000 4641 5729

PS Form 3811, July 2013 Domestic Return Receipt **BTA**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____
[Signature] 6-9-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

2. Article Number
(Transfer from service label) 7013 3020 0000 4641 5675

PS Form 3811, July 2013 Domestic Return Receipt BTA

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

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HOBBBS NM 88240

| | | |
|------------------------------------------------|---------|--------------------------|
| Postage | \$ 1.82 | 0500 16 Postmark Here |
| Certified Fee | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 7.82 | |

06/05/2014

Sent To: Oil Conservation Division
1625 North French Drive
Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions

2995 1494 4641 5675
3020 0000 0202 ETD1

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
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CARLSBAD NM 88220

| | | |
|------------------------------------------------|---------|--------------------------|
| Postage | \$ 1.82 | 0500 16 Postmark Here |
| Certified Fee | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 7.82 | |

06/05/2014

Sent To: Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4641 5675
3020 0000 0202 ETD1

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oil Conservation Division
1625 North French Drive
Hobbs, New Mexico 88240

2. Article Number
(Transfer from service label) 7013 3020 0000 4641 5682

PS Form 3811, July 2013 Domestic Return Receipt BTA

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

5705 7494 0000 020E E102

U.S. Postal Service™
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MIDLAND TX 79701 **06/05**

| | | |
|---------------------------------------------------|----------------|-------------------|
| Postage | \$ 1.82 | 0500 |
| Certified Fee | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 7.82 | 06/05/2014 |

16 Postmark Here

Sent To: Cimarex Energy Co. of Colorado
Suite 600
Street, Apt. No. or PO Box No.: 600 North Marienfeld
Midland, Texas 79701
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cimarex Energy Co. of Colorado
Suite 600
600 North Marienfeld
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Donna E Russell Agent
 Addressee

B. Received by (Printed Name): *Donna E Russell* C. Date of Delivery: *6-9-14*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7013 3020 0000 4641 5705**