

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION
ARTESIA DISTRICT

OCT 30 2017

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

RECEIVED

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* BTA OIL PRODUCERS LLC	
5. Address* 104 S PECOS MIDLAND TX 79701	6. Phone Number* 432-682-3753
Administrative Contact Information	
7. Contact Name* KATY _ REDDELL	8. Title* REGULATORY ANALYST
9. Address* 104 S PECOS MIDLAND TX 79701	10. Phone Number* 432-682-3753 139 11. Mobile Number 432-557-2869
12. E-mail* Kreddell@btaoil.com	13. Fax Number
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name* 	15. Title*
16. Address* 	17. Phone Number*
19. E-mail* 	18. Mobile Number
 	20. Fax Number
Surface Location	
21. Specify location using one of the following methods: a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description	
State* NM	County or Parish* EDDY

Pending BLM approvals will
subsequently be reviewed
and scanned

JC 11-6-17

10/27/2017

Probaris SP - Print Form Instance

Section 20	Township 23S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 680 FSL	E/W Footage 180 FWL
Latitude —	Longitude —	Metes and Bounds		

Producing Interval Location				
22. Specify location or <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.				
State* NM	County or Parish*			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W 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* EDDY			
Section 17	Township 23S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 29 FNL	E/W Footage 362 FWL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement	
24. Lease Serial Number* NMNM119271	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* PURPLE SAGE, WOLFCAMP

Well			
28. Well Name* HARROUN RANCH FEDERAL COM 2070		29. Well Number* 2H	30. API Number 30-015-43360
31. Date Spudded 02/07/2017	32. Date T.D. Reached 03/06/2017	33. Date Completed 10/05/2017 <input type="checkbox"/> Dry & Abandoned <input type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 2966 Ground Level
35. Total Depth: MD 21090 TVD 10825		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)
QES GR/ROP 2":100' - MD

39.

Was Well Cored? ☒ No ☐ Yes (Submit Analysis)Was DST run? ☒ No ☐ Yes (Submit Report)Directional Survey? ☐ No ☒ 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 Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	---	54.5	0	345	---	375	---	0	---
12.25	9.625	---	36	0	2743	---	955	---	0	---
8.75	7	---	29	0	10829	---	800	---	0	---
6.125	4.5	---	13.5	0	21090	---	765	---	0	---
---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
---	---	---
---	---	---
---	---	---

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) WOLFCAMP	11200	20815
B) _____	---	---
C) _____	---	---
D) _____	---	---

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
11200	20815	4.5	256	_____
---	---	---	---	_____
---	---	---	---	_____
---	---	---	---	_____

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

Top	Bottom	Amount and Type of Material
11200	20815	451,446 TLTR; 10,139.956 TONS 100 MESH 40/70 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
10/05/2017	10/26/2017	24	>>>>>>	740	7453	1660	---	---
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
2 1/2	---	1075	-----	740	7453	1660		

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.)

Captured

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)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

KATY _ REDDELL

56. Title

REGULATORY ANALYST

57. Date* (MM/DD/YYYY)10/27/2017 **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 _____
73. Comments 		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments 		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
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:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.