

**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.**

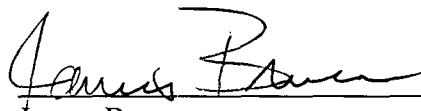
**Case No. 15,159**

**AFFIDAVIT OF NOTICE**

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

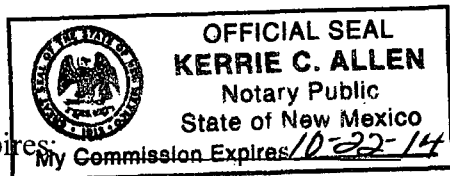
James Bruce, being duly sworn upon his oath, deposes and states:

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 25<sup>th</sup> 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](mailto: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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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)

☐ YesCERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance or Coverage Provided)

For delivery information visit our website at www.usps.com

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 &amp; 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

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance or Coverage Provided)

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 &amp; 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

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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:

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Buy*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

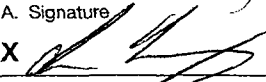
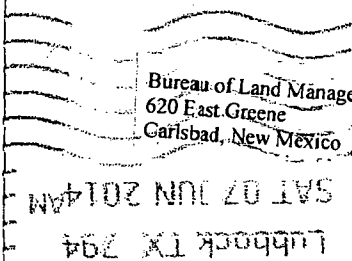
D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

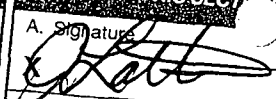
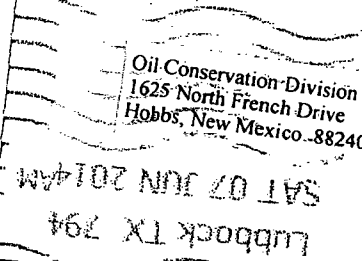
☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p> Bureau of Land Management 620 East Greene Carlsbad, New Mexico 88220</p> <p>2. Article Number (Transfer from service label) <b>7013 3020 0000 4641 5675</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
HOBBBS NM 88240		
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 Oil Conservation Division 1625 North French Drive Hobbs, New Mexico 88240		
Street, Apt. No., or PO Box No. City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
CARLSBAD NM 88220		
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 Bureau of Land Management 620 East Greene Carlsbad, New Mexico 88220		
Street, Apt. No., or PO Box No. City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>G. Lathman</b> C. Date of Delivery <b>6-9-14</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p> Oil Conservation Division 1625 North French Drive Hobbs, New Mexico 88240</p> <p>2. Article Number (Transfer from service label) <b>7013 3020 0000 4641 5682</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7013 3020 0000 4641 5705

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 MIDLAND TX 79701

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: 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**

- 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:

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

2. Article Number  
 (Transfer from service label)

7013 3020 0000 4641 5705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 DONN 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