

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0135
Expires: January 31, 2004

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM-100335
2. Name of Operator BTA Oil Producers LLC		6. If Indian, Allottee or Tribe Name ---
3a. Address 104 S. Pecos, Midland, TX 79701	3b. Phone No. (include area code) (432) 682-3753	7. If Unit or CA/Agreement, Name and/or No. ---
4. Location of Well (Footage, Sec., T, R, M, or Survey Description) UL -G-, Sec. 29, T23S-R28E 1980' FNL & 1830' FEL		8. Well Name and No. Ogden #1H
		9. API Well No 30-015-24206
		10. Field and Pool, or Exploratory Area Culebra Bluff, Bone Spring, S
		11. County or Parish, State Eddy Co., NM

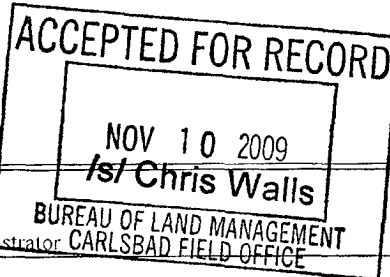
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

09/08 - 10/02/2009

- Set BOP Set 7-5/8" comp BP @ 4070'. Load 7-5/8" csg w/ FW Test CBP to 1000 psi - okay.
- Establish inj rate into 7-5/8" x 10-3/4" annulus. Pmpd 400 sx cmt into 7-5/8" x 10-3/4" WOC. Run CBL - indicated good bond 2750' to surface (log enclosed). Test 7-5/8" csg to 1500 psi - okay.
- Drill CBP to 4070'. Circ. Set RBP @ 8130'. Set pkr @ 8000'. Test 7-5/8" csg to 1500 psi - okay. Rel pkr & RBP. Set RBP @ 6170' Set pkr @ 5670'. Pmp into perfs 5825-6031'. POH w/pkr & RBP. Set comp cmt ret @ 5670'. Sqz perfs 5825-6031' w/150 sx. PO of ret, rev out.. WOC 18 hrs Drill cmt ret & cmt to 6031'. Circ. Tested 7-5/8" to 1500 psi for 30 min - okay. Tested sqzd perfs to 1500 psi - okay.
- Found & isolated csg leak. POH w/pkr. Cmt csg leak 5225-58' w/60 sx Micro-Matrix. WOC 72 hrs. Wash 4628-6320' - found no firm cmt. WIH w/pkr. Perf 7-5/8" csg @ 5265'. POH w/pkr. Set comp cmt ret @ 5120'. Pmpd 150 sx cmt. WOC 12 hrs. Drill cmt ret & cmt to 5265' Circ Tested 7-5/8" to 1500 psi for 30 min - okay
- Waiting on casing exit operations (to add horizontal leg)



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Pam Inskeep

Title Regulatory Administrator

Signature

Pam Inskeep

Date 10/16/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)	Name (Printed/Typed)	Title
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon	Office	Date

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

(Continued on next page)

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COPIES**