

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-34621

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Pardue -B-, 8808 JV-P

8. Well No.

Battery

9. Pool name or Wildcat

Loving, East (Brushy Canyon)

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐ SWD

2. Name of Operator

BTA Oil Producers LLC

3. Address of Operator

104 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter K : 1650 feet from the south line and 1850 feet from the west line

Section 11 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Emergency off-lease movement ☒

12 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

BTA had to make an emergency off-lease movement on 7/29-30/2009 as follows:

Lightning struck the tank battery at approximately 11:00 p.m. on 7/29, completely destroying two oil storage tanks, water storage, production equipment. A third oil tank was damaged, but a portion of the stock was transferred to our Pardue D battery (very close in proximity E-11-23S-28E and producing from the same reservoir). The remainder of the stock in the third tank was lost and destroyed by the flames.

Copy of Form C141 is attached.

The emergency movement was discussed with Sherry Bonham, after the emergency was handled.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 7/31/2009

Type or print name Pam Inskeep Telephone No. (432) 682-3753

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE 8/10/09

Conditions of approval, if any: