Form 2100-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA OCT 05 2009 FORM APPROVED OMB No 1004-0135 Expires January 31, 2004.

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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. 5 Lease Serial No NMNM-100335

abandoned we	rell. Use Form 3160-3 (APD) for such proposa	ls.	,o ii indian.	Anottee or Tribe Name	*			
	RIPLICATE - Other instru	ictions on revers	e side	7 If Unit or	CA/Agreement, Name a	nd/or No			
Type of Well ☐ Oil Well ☐ Gas Well ☐	7 04		* * * * * * * * * * * * * * * * * * * *	8 Well Nat	· ·				
	_ Other	<u></u>	* *			, ,			
2 Name of Operator BTA Oil Producers LLC				Ogden :					
3a Address		3b Phone No (inclui	da qua cadal						
	•			30-015-	d Pool, or Exploratory A				
104 S. Pecos, Midland, TX		(432) 682-3753							
4 Location of Well (Footage, Sec. UL-G-, Sec 29, T23S-R28E)	, T, R, M, or Survey Description)) ,			Bluff, Bone Spring, Sor Parish, State	<u>`</u>			
1980' FNL & 1830' FEL				, it county	or runon, orace				
1,000 1,112 00 1000 1,122		, ,		Eddy C	Co., NM				
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATU	JRE OF NOTICE, F						
TYPE OF SUBMISSION		· T	YPE OF ACTION						
	Acidize	☐ Deepen	Production (Sta	rt/Resume)	Water Shut-Off				
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		✓ Well Integrity				
Subsequent Report	Casing Repair	New Construction	. Recomplete		Other .				
Subsequent Report	Change Plans	Plug and Abandon	Temporarily A	bandon					
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal						
Attach the Bond under which the following completion of the invitesting has been completed. Find determined that the site is ready 08/24/-29/2009 Set CIBP 8458' SLM using		ride the Bond No on fil results in a multiple con filed only after all requ	e with BLM/BIA Requipletion or recompletion or recompletion irements, including recl	red subsequent in a new interval amation, have b	reports shall be filed wi al. a Form 3160-4 shall t	thin 30 days be filed once			
•									
4 Run CBL/CCL/GR log fro	- ales	Kristor AND MANAGEMENT SEIFLD OFFICE							
5. Run MicorVertilog (casing	g inspection) log from 8419' W	LM to surface.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	BREAT OF LA	O FIELD OFFICE				
		-		CARLOD		•			
	•	•	_		M				
, , ,	•			· 1	1.				
14 1 hereby certify that the foregoin	ng is true and correct								
Name (PrintedlTyped)	,	Title							
Pam Inskeep	}	- Inte	Regulatory Administ	trator					
Signature HM	Makein.	Date	09/08/2009						
	THÌS SPACE F	ÓR FEDERAL ÓR	STATE OFFICE US	E,					
Approved by (Signature)			Name Printed Typed)		Title				
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to determine the applicant the applicant to determine the applicant to dete	Office		Date -						
Title 18 U S C Section 1001 and Ti States any false, fictitious or fraudule	itle 43 U S C Section 1212, make ent statements or representations as	it a crime for any perso s to any matter within its	n knowingly and willfull jurisdiction	y to make to any	y department or agency of	of the United			