Form 3160-5 (August 1999)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000 5. Lease Serial No. NMNM23768

## 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |            |                    |                                                                                     |                                                       | 6. If Indian, Allottee or Tribe Name    |                  |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|--------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|------------------|----------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |            |                    |                                                                                     | 7. If Unit or CA/Agreement, Name and/or No. NMNM72261 |                                         |                  |                |  |
| 1. Type of Well ☐ Other ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |            |                    |                                                                                     |                                                       | 8. Well Name and No.<br>MADDOX FED B 01 |                  |                |  |
| Name of Operator     BTA OIL PRODUCERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Contact:                     |            |                    |                                                                                     | 9. API Well No.<br>30-025-27941-0                     | 11-00-S1                                |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |            |                    | (include area code)  .3753 Ext: 139  .3753 Ext: 139  .3753 Ext: 139  .3753 Ext: 139 |                                                       |                                         |                  | itory          |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |            |                    | 11. County or Parish, and State                                                     |                                                       |                                         | e                |                |  |
| Sec 35 T22S R34E SENW 1980FNL 1980FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |            |                    |                                                                                     |                                                       | LEA COUNTY, NM                          |                  |                |  |
| 12. CHECK APPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROPRIATE BOX(ES) TO          | ) INDICATE | NATURI             | E OF NO                                                                             | OTICE, RE                                             | EPORT, OR OTHEI                         | R DAT            | ГА             |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE OF ACTION               |            |                    |                                                                                     |                                                       |                                         |                  |                |  |
| ■ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Acidize                    | □ Deep     | ☐ Deepen           |                                                                                     | ☐ Production (Start/Resume)                           |                                         | ■ Water Shut-Off |                |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Alter Casing ☐ Fr          |            | ture Treat         | re Treat 🔲 Re                                                                       |                                                       | eclamation                              |                  | Vell Integrity |  |
| ☐ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Casing Repair                | □ New      | ■ New Construction |                                                                                     | □ Recomplete                                          |                                         | <b>X</b> O       | ther           |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ Change Plans               | 🗖 Plug     | and Abandon 🔲 Tem  |                                                                                     | □ Tempora                                             | orarily Abandon                         |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Convert to Injection ☐ Plu |            | Back               |                                                                                     | ■ Water Disposal                                      |                                         |                  |                |  |
| If the proposal is to deepen directionally or recomplete 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 recompletion 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.)  BTA respectfully requests an extension to the approval period for our recompletion proposal submitted 12/20/04 and approved 12/30/04 by Mr. Gary Gourley.  The procedure is in the field, but scheduling has been delayed due to immediate operation problems. We are attempting to meet the initial approval deadline, but would like to have an extension in place in the event we get down to the wire on operations. |                              |            |                    |                                                                                     |                                                       |                                         |                  |                |  |
| Electronic Submission #54061 verified by the BLM Well Information System For BTA OIL PRODUCERS, sent to the Roswell Committed to AFMSS for processing by LINDA ASKWIG on 02/15/2005 (05LA0113SE) Name(Printed/Typed) BOB STUCKLEY Title IT MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |            |                    |                                                                                     |                                                       |                                         |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |            |                    |                                                                                     | <del></del>                                           |                                         |                  |                |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date 0                       | 2/14/200   | 05                 |                                                                                     |                                                       |                                         |                  |                |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |            |                    |                                                                                     |                                                       |                                         |                  |                |  |
| Approved By GARY GOURLEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |            | TitlePET           | TitlePETROLEUM ENGINEER Date 02/16/2009                                             |                                                       |                                         | Date 02/16/2005  |                |  |
| 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 Roswell     |                                                                                     |                                                       |                                         |                  |                |  |