UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD-HOBBS

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.

FORM OMB N Expires: Ja	APPROV o. 1004-(anuary 3	/ED 0135 24 2 1,2004	25262
 Serial No	- 7	ν.	

6. If Indian, Allottee or Tribe Name

NMNM19143

							Kings					
SUBMIT IN TRIPLICATE - Other instructions on reverse side								7. If Unit of	CA/	Agreement, Name a		
1. Type of Well Oil Well Gas Well Other								VV 11 No		nd No Str O	(100 9	
Oil Well Gas Well Other 2. Name of Operator									8. Well Ivalite and Ivo.			
BTA Oil Producers									Maxus B, 8026 JV-P, #3 9. API Well No.			
3a. Address			3	b. Phone No. (incl	ude ared	a c	code)	30-025-30661				
104 S. Pecos, Midland, TX	432-682-3753					10. Field and Pool, or Exploratory Area						
4. Location of Well (Footage, Sec., 660' FNL & 1650' FEL N Sec. 34, T22S-R34E					-	Antelope Ridge, Bone Spring, West 11. County or Parish, State Lea Co., NM						
12. CHECK AP	PROP	RIATE BOX(ES) TO	IN	DICATE NAT	URE (01	F NOTICE, RE			THER DATA	·····	
TYPE OF SUBMISSION TYPE OF ACTION												
Notice of Intent Subsequent Report Chang		Acidize Alter Casing Casing Repair Change Plans Convert to Injection		Deepen Fracture Treat New Construction Plug and Abandon Plug Back]]]	Production (Start/I Reclamation Recomplete Temporarily Abar Water Disposal	·		Water Shut-Off Well Integrity Other		
 Describe Proposed or Complete If the proposal is to deepen diret Attach the Bond under which the following completion of the inv testing has been completed. Fin determined that the site is ready B'TA Oil Producers proposes to p MIRU. Spot Tanks. RIH w/CIBP to +/- 8150'. Cap Load hole w/2% KCL wtr. Preduced Representation of the inventor of the inv	te work olved o oal Abar for fina lug bar w/40' ess test down CL.	y or recomplete horizontally, will be performed or proving perations. If the operation rendonment Notices shall be fall inspection.) ck and test the Upper Brucht. cmt. to 1000 psi. acetic acid @ 7140'. est to 1000 psi.	, gi de i esul file	we subsurface loca the Bond No. on f lts in a multiple co d only after all req	itions and ile with l impletion uiremen	d i Bi n o	measured and true of LM/BIA. Required or recompletion in	vertical deptil subsequent a new interval and new interval ation, have be	ns of reportal, all een c	all pertinent markers rts shall be filed with Form 3160-4 shall be completed, and the o	and zones nin 30 day; e filed once perator has	
14. 1 hereby certify that the foregoin Name (PrintedlTyped) Parm Inskeep	g is tru	e and correct		Title	Pemils	a t	ory Administrato					
Signature #		Regulatory Administrator				1	_					
	<u>/ W</u>	MUNITURE SPACE SO	_		2/10/200	=						
		THIS SPACE FO	א ر	FEDERAL OR	STATE	<u> </u>	OFFICE USE			·	<u> </u>	
Approved by (Signature)					Name (Printed/I	Гур	oed)		Title	e		
Conditions of approval, if any, are attached. Approval of this notice of certify that the applicant holds legal or equitable title to those rights is which would entitle the applicant to conduct operations thereon.				the subject lease	Office					Date		
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	le 43 U nt state	J.S.C. Section 1212, make it ments or representations as t	a c	crime for any persony matter within it	on knowi s jurisdio	in	gly and willfully to	make to any	/ dep	artment or agency of	the United	
(Continued on next page)			_	· · · · · · · · · · · · · · · · · · ·		_	2					