

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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. NMLC065194
2. Name of Operator BTA OIL PRODUCERS LLC <input checked="" type="checkbox"/>		6. If Indian, Allottee or Tribe Name
Contact: PAM INSKEEP E-Mail: pinskeep@btaoil.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 104 S PECOS MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-682-3753 Fx: 432-583-0325	8. Well Name and No. STARCASTER 18 FEDERAL 3H & 4H <input checked="" type="checkbox"/>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T23S R34E <input checked="" type="checkbox"/>		9. API Well No.
		10. Field and Pool, or Exploratory BELL LAKE BONE SPRING N
		11. County or Parish, and State LEA COUNTY, NM

HOBBS OCD

APR 29 2016

RECEIVED

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" 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	

13. 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 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.)

Effective March 1, 2016, BTA Oil Producers LLC took over as operator of the following two wells from Endurance Resources LLC:

Starcaster 18 Federal Com #3H 30-025-42917 NWNE 155 FNL & 1980 FEL   
Starcaster 18 Federal Com #4H 30-025-42025 NENE 330 FNL & 660 FEL

BTA Oil Producers LLC, as new operator, assumes all terms, conditions, stipulations, and restrictions concerning operations on this lease or portion thereof.

State Bond Coverage: Statewide

BLM Bond File No NM1195 and NMB00849

See attached COA's

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #336883 verified by the BLM Well Information System For BTA OIL PRODUCERS LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 04/21/2016	
Name (Printed/Typed)	PAM INSKEEP	Title	REGULATORY ADMINISTRATOR
Signature	(Electronic Submission)	Date	04/19/2016

APPROVED  
APR 25 2016  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Title
Office	

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.

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.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

MAY 06 2016

Handwritten initials

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE  
620 E. Greene St  
Carlsbad, NM 88220  
Ph: (575) 234-5972

### **Conditions of Approval for Change of Operator**

1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
2. Submit for approval of water disposal method.
3. Submit updated facility diagrams as per Onshore Order #3
4. This agency shall be notified of any spill or discharge as required by NTL-3A.
5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
7. Subject to like approval by NMOCD.
8. All Reporting to ONRR ( OGOR Reports) must be brought current within 30 days of this approval including any past history.
9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.