

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

NMOC  
Hobbs  
NMNM14492

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2** MAR 22 2018

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
MESA 8105 JV-P 9H

2. Name of Operator  
BTA OIL PRODUCERS, LLC  
Contact: KAYLA MCCONNELL  
E-Mail: kmccconnell@btaoil.com

9. API Well No.  
30-025-43079

3a. Address  
104 SOUTH PECOS  
MIDLAND, TX 79701  
3b. Phone No. (include area code)  
Ph: 432-682-3753

10. Field and Pool or Exploratory Area  
JENNINGS UPPER BN SP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 12 T26S R32E 330FNL 470FWL

11. County or Parish, State  
LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 Hydraulic Fracture
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

2/4/2017 - 2/10/2017: MIRU. Load and test annulus. Perforate Bone Spring 10000-14515'. Acdz w/2094 bbl acid, Frac w/223,000 bbl fluid & 4,725 tons sand.

2/13/2017: Drilled out Plugs.

2/18/2017: Set 2 7/8" production tbg @ 9,390' & pkr @ 9,360'.

2/19/2017: Begin flowing back and testing.

2/19/2017: Date of first production.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #407947 verified by the BLM Well Information System  
For BTA OIL PRODUCERS, LLC, sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 03/15/2018

Name (Printed/Typed) KAYLA MCCONNELL

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 03/15/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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

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.

(Instructions on page 2)

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



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