| E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT                                                           | _                                                                             | OMB)                                       | 1 APPROVED<br>No. 1004-0135<br>January 31, 2004               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|--|
| Do not use the abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y NOTICES AND REPORTS ON<br>is form for proposals to drill or to<br>all. Use Form 3160-3 (APD) for such                            | proposats<br>DBBBC                                                            | NM-26396<br>6. If Indian, Allotte          | e or Fribe Name<br>greement, Name and/or No.                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IPLICATE - Other instructions o                                                                                                    | n reverse side                                                                | RNM 089                                    |                                                               |  |
| 1. Type of Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                               |                                            | 8. Well Name and No.<br>Maddox Fed, 8016 JV-P #1              |  |
| 2. Name of Operator       BTA Oil Producers       3a. Address       3b. Phone No. (include area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |                                                                               | 9. API Well No.                            |                                                               |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    | 30-025-27824<br>10 Field and Pool, or Exploratory Area                        |                                            |                                                               |  |
| 104 S. Pecos, Midland, TX 79701       (432) 682-3753         4. Location of Well (Footage, Sec., T, R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                                               | Antelope Ridge, Atoka (Gas)                |                                                               |  |
| 4. Location of were it bolage, beer, it is, in or barry 2 to the provide it is a second structure in the provide it is a second structure it is a secon |                                                                                                                                    |                                                                               | 11. County or Parish, State<br>Lea Co., NM |                                                               |  |
| 12 CHECK AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PROPRIATE BOX(ES) TO INDICA                                                                                                        | TE NATURE OF NOTICE, R                                                        |                                            |                                                               |  |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    |                                                                               |                                            |                                                               |  |
| Notice of Intent Subsequent Report Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Casing Repair New C                                                                                                                | re Treat Reclamation<br>Construction Recomplete<br>and Abandon Temporarily Ab |                                            | Water Shut-Off<br>Well Integrity<br>Other                     |  |
| If the proposal is to deepen directionally or recomplete forzontaly, give substrace locations and incesting of the 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 Oil Producers plugged back and tested the Bone Spring formation in this well as follows: See attached daily report data, current wellbore schematic, and proposed TA schematic (TA request filed on separate 3160-5).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    |                                                                               |                                            |                                                               |  |
| After <u>//-8-08</u><br>or plans to P & A n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the well must be online nust be submitted.                                                                                         |                                                                               | /s/<br>BUREAU                              | PPROVED<br>AUG 8 2008<br>JD Whitlock Jr<br>OF LAND MANAGEMENT |  |
| 14. 1 hereby certify that the forego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing is true and correct                                                                                                            |                                                                               | UANI                                       | SBAD FIELD OFFICE                                             |  |
| Name (PrintedlTyped)<br>Pam Inskeep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -A                                                                                                                                 | Title Regulatory Administ                                                     | rator                                      |                                                               |  |
| Signature 10m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unskeep                                                                                                                            | Date 08/08/2008                                                               |                                            |                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FOR FED                                                                                                                 | ERAL OR STATE OFFICE US                                                       | E                                          | ,                                                             |  |
| Approved by (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                    | Name<br>(Printed/Typed)                                                       | Title                                      | ; .                                                           |  |
| Conditions of approval, if any, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | re attached. Approval of this notice does not<br>gal or equitable title to those rights in the su<br>o conduct operations thereon. | (Printed/Typed)<br>warrant or<br>bject lease                                  |                                            | Date                                                          |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                    |                                                                               |                                            |                                                               |  |
| (Continued on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |                                                                               |                                            |                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                               |                                            | V                                                             |  |

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Attachment to 3160-5 BTA Oil Producers Maddox Federal #1 08/08/2008

## Work done to date on Maddox Fed #1

## <u>8/8/08</u>

MI & RU pulling unit & miscellaneous rental equipment. ND WH, NU adaptor & 10K BOP, Rel pkr, POH w/ 3-1/2" tbg, MIRU WL trk, RIH w/ gauge ring forn 4.5" csg, POH, PU & RIH w/ 4-1/2" CIBP, Set plug @ 12970' w/ 40' cmt on plug, RIH w/ gauge ring for 7-5/8" csg, POH, PU & RIH w/ 7-5/8" CIBP, Set plug @ 12650' w/ 40' cmit on plug, PU 9-5/8" CIBP w/ 7.7" OD, RIH, Set CIBP @ 11370' w/ 40' cmt, PU perf guns, RIH w/ perf gun, Perf 10,738 - 10,750' and 10,594 - 10,612' w/ 2 JSPF, POH, RD WL, PU 9-5/8" RBP & pkr, RIH w/ RBP & pkr on tbg, A/w 5000 gal 15% HCL plus 80 ball sealers, AIR 3.5 bpm @ 3500 psi, max 4.8 bpm @ 3300 psi - fair ball action. ISIP 2540 psi, 5 min 2538 psi, 10 min - 2345 psi, 15 min - 2338 psi. 326 BLWTR. Swab dry good oil show little recovery, RU to pull tog, run in hole w/8 jts tog & latched on RBP @10,792', rel RBP & lowered tbg 1 jt. TOH w/tbg & pkr - did not recover RBP. Had broken piece of H valve assembly off RBP in retrieving tool. All rubbers on packer in good condition. PU & TIH w/4' x 2 7/8" perforated sub w/bull plug, MAPP LS-1 pkr, 10 stds 3 1/2" tbg, Finish TIH w/tbg & pkr to 10,800', did not find RBP. PU & set pkr @ 10,510'. RU swab, BFL @ surface, Pump 10,000 gal 15% gelled HCl acid, Pmp 77 bbls to catch press, Incr rate to 14 bpm @ 4900 psi, w/ acid on formation, rate is slowly increasing. Pmp'd 21 bpm @ 5130 psi, AIR 20 bpm @ 4980 psi, Flush w/ 93 bbls BLWTR 390 bbls, ISIP 3536 PS, 5 m SI 3301 psi, 10 m SI 3286 psi, 15 m SI 3276 psi, RDMO acid trcks, Well died, RU swb, RIH, BFL Surf, Make 14 runs, Rec 80 bbls, Total rec'd 130 BLW, 260 BLWTR. EFL@ 7000'. SITP 30 psi, SICP 0 psi, RIH w/ swb, BFL 9800', Load tbg w/ 80 bbls 10# brine, Rel pkr, POH w/ tbg & pkr, LD 1 jt, pkr & 2" piece of perf sub, RU WL, PU & RIH w/ 9-5/8" CIBP, setting tool, CCL, RIH to 10540', Try to run strip log, PU no weight, RIH to 10550', POH, WL had parted, Appears brittle cable, LEFT CIBP, setting tool CCL & 1200' line.





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M4. Depucan Mhitlock 505-885-9264 TO: Glenda Rojo Stuart Beal **Ben Grimes** FROM: **Tom Williams** Pam Inskeep  $\square$ 07 Skip Baca Criss Kohl Other Π Royce Boyce Stephan Mouton Debbie Caraway Katie Ramsey Lou Green Π DATE: (including cover) **# PAGES:** the mail to you this date NOTES: