## RECEIVED

Form 10 2 2 2010 UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			1	FORM APPROVED OM B No. 1094-0137 Exputes: March 31, 2007  5. Lease Serial No. NMNM 82799	
			5. Lease Serial		
	ES AND REPORTS O		<u></u>	Alloitee or Tribe Name	
abandoned well. Use	for proposals to drill or Form 3160 - 3 (APD) for s	uch proposals.	U. Il Mant,	more of more realist	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1. Type of Well			7. If Unit or C	7. If Unit or CA/Agreement, Name and/or No.	
Oil Welt C Gas Well C Other			8. Well Nam		
2. Name of Operator BTA Oil Producers LLC				Grama Ridge Fed #2  9. API Well No.	
3a Address	o, (include area code)	30-025-3			
104 S. Pecos, Midland, TX 79701 432-682- 4. Location of Well (Footage, Sec., T., R. M., or Survey Description)		3133		10. Field and Pool, or Exploratory Area Grama Ridge	
UL -D-, Sec. 9, T22S-R34E			11. County or	11. County or Parish, State	
1046' FNL & 1273' FWL			Lea Co.,	NM	
12. CHECK APPROPRIA	ATE BOX(ES) TO INDICATE	NATURE OF NOTICE	E, REPORT, OR	OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTIO	N	Annual Control of the	
	idize Decpen er Casing Fracture 1		on (Start/Resume)	Water Shut-Off  Well Integrity	
AUDSCHUCH NAPEH	sing Repair New Con			Other	
Einal Abandonmant Maties F	ange Plans		rily Abandon sposal		
determined that the site is ready for final in BTA plans to MIT this TA well on T The last MIT test on this well was p	Guesday, 11/23/2010 at 8:00 a.m.				
14. Thereby certify that the foregoing is tr Name (Printed/Typed) Page Thskeep	ue and correct	Title Regulatory Adu	Note the second		
rain inskeep	. 1	The Regulatory Add	mastrator		
Signature JEM AW	Keep	Date	11/19/2010		
THIS	SPACE FOR FEDERA	L OR STATE OFF	FICE USE	\$4 <sup>-</sup>	
Approved by Conditions of approval, if any, are attached. A certify that the applicant holds legal or equitab which would entitle the applicant to conduct or	de title to those rights in the subject I		- Po	NOV 2 2 2010	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. States any false, fictitious or fraudulent statem		y person knowingly and er within its jurisdiction	Hully to make to any	department or agency of the. Ur tea	
(Instructions on page 2)		C		A STATE OF THE PERSON NAMED IN COLUMN NAMED IN	