Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
<u>District II</u> – (575) 748-1283	Minerals and Natural Resources ONSERVATION DIVISION	WELL API NO. 30-025- 4(62)
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	20 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease STATE FEE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED		NMNM097153
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name 9418 JV-P Vaca Draw
1. Type of Well: Oil Well Gas Well Other		8. Well Number 2H
2. Name of Operator BTA Oil Producers LLC		9. OGRID Number 260297
3. Address of Operator 104 S Pecos, Midland, TX 79701		10. Pool name or Wildcat Draper Mill; Bone Spring
4. Well Location		
	et from theN line and	
Section 10 Township 25S Range 33E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
II. Elevatio	n (Snow whether DK, KKB, K1, GK, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE	COMPL CASING/CEMENT	JOB []
CLOSED-LOOP SYSTEM		_
OTHER: 13 Describe proposed or completed operation	OTHER:	I give pertinent dates, including estimated date
of starting any proposed work). SEE RUI		
This well will be drilled utilizing a closed loop mud system.		
Drill cuttings will be held in roll-off style mud boxes and taken to an NMOCD approved disposal site.		
Drilling fluids will be contained in steel mud pits.		
Water produced from the well during completion will be held temporarily in steel tanks and then taken to an NMOCD approved commercial disposal facility.		
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Spud Date:	Rig Release Date:	
I hereby certify that the information above is true a	nd complete to the best of my knowledge	and helief
	na complete to the best of my knowledge	valid belief.
SIGNATURE JAM LAWKELL	TITLERegulatory Administrate	orDATE01/14/2014
Type or print name Pam Inskeep For State Use Only		l.com PHONE: _432-682-3753
FOR RECORD (APPROVED BY:	YINC TITLE	DATE JAN 27 2014
Conditions of Approval (if any):	111 LL	DATE VIIII NOT LOT