Submit 3 Copies To Appropriate District	State of	Now M	avios		F	0.10
Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II	bbs, NM 88240			WELL API NO. 30-025-40312		
1301 W. Grand Ave., Artesia, NM 88210 District III				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	os Rd., Aztec, NM 87410 1220 South St. Francis Dr. Santa Fe, NM 87505			STATE STATE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Gas Lease No. V-2564		
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.)  1. Type of Well:				7. Lease Name or Unit Agreement Name:  Eagle 8806 JV-P		
	Other				V-1	
2. Name of Operator BTA Oil Producers LLC 260297				8. Well No. 2H		
3. Address of Operator				Pool name or Wildcat		
104 S. Pecos, Midland, TX 79701				Lane; Abo (36671)		
4. Well Location						
Unit Letter F:	1650 feet from the	north	line and	1650 feet f	rom the west	_line
Section 12	Township	10S	Range 33E	NMPM	Lea County	
	<ol><li>Elevation (Show v 3804' GR</li></ol>	whether D	R, RKB, RT, GR, et	(c.)		
11. Check Ap	opropriate Box to In	dicate N	ature of Notice,	Report or Othe	er Data	NONE WAR
NOTICE OF INT			SUE	SEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1 🗆	REMEDIAL WOR	RK 🗆	ALTERING CASIN	IG [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		ABANDONWENT	
OTHER:			OTHER:	Release rig		$\boxtimes$
<ol> <li>Describe proposed or completed starting any proposed work). SEE recompilation.</li> <li>2/05-07/2012 7" 29# HCL-80 LTC</li> </ol>		ltiple Com	pletions: Attach w	ellbore diagram of		
02/24/2012 Rig release 7:00 pm	, o @ 7133 m 700 sm	Cilit did i	ior one, Tour ough	, root par ore,		
respective from the property of the party of						
						-1
hereby certify that the proportion ab	ove is true and complet	te to the be	est of my knowledg	e and belief.		
SIGNATURE (M. COV)	ago	TITLE_F	Regulatory Adminis	strator	DATE_02/28/2012	10.1
ype or print name Pam Inskeep				Telephone	No. 432-682-3753	
This space for State use)						134
APPPROVED BY		TITLE T	lotenia n		DATE /2/15	1,
Conditions of approval, if any	and .	111.6	etroleum Engir	leer	DATE /2/1/5/	15
the state of the s						