

Submit 3 Copies To Appropriate District
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OCD Artesia

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-015-35435
5. Indicate Type of Lease
STATE ☐ FEDERAL ☒
NMNM114969
6. State Oil & Gas Lease No.

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: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD	7. Lease Name or Unit Agreement Name Owl, 20504 JV-P ✓
2. Name of Operator BTA Oil Producers LLC ✓	8. Well Number 5 ✓
3. Address of Operator 104 S. Pecos, Midland, TX 79701	9. OGRID Number 260297 ✓
4. Well Location Unit Letter 0J : 2310 feet from the south line and 2310 feet from the east line Section 2018 Township 26S Range 27E NMPM Eddy County	10. Pool name or Wildcat SWD, Delaware-97012 Cherry Canyon 97003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2968' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

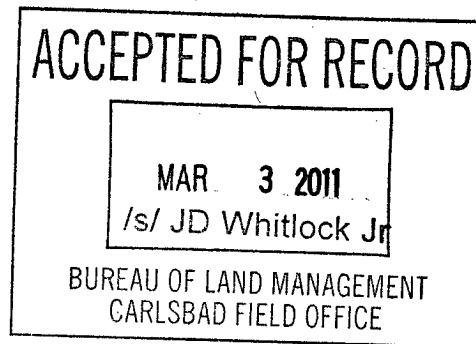
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **begin injection** ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

BTA submits that this well was returned to injection on 2/12/2011.

**If well goes off ^{Injection} production for more than
30 days notify BLM by Sundry within
5 business days**



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

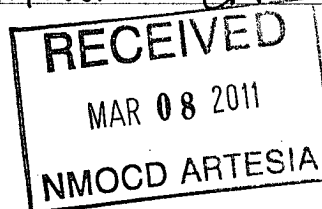
SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 02/15/2011

Type or print name Pam Inskeep E-mail address: pinskeep@btaoil.com Telephone No. 432-682-3753

For State Use Only

APPROVED BY: Richard Ince TITLE Compliance Officer DATE 3/9/11

Conditions of Approval (if any):



SWD-1091