

Submit 3 Copies To Appropriate District
Office
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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-40312
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2564
7. Lease Name or Unit Agreement Name: Eagle 8806 JV-P
8. Well No. 2H
9. Pool name or Wildcat Lane; Abo (36671)

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
BTA Oil Producers LLC 260297

3. Address of Operator
104 S. Pecos, Midland, TX 79701

4. Well Location
Unit Letter F : 1650 feet from the north line and 1650 feet from the west line
Section 12 Township 10S Range 33E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3804' GR

11. 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 COMPLETION ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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 recompilation.

12/28/2011 Spud 6:30 PM.

12/29/2011 13-3/8" 54.5# J55 STC C @ 505' w/675 sx. Cmt circ. WOC 12 hrs.

01/04/2012 9-5/8" 40# J55 STC C @ 4008' w/1220 sx. Cmt circ. WOC 12 hrs.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 01/10/2012

Type or print name Pam Inskeep

Telephone No. 432-682-3753

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE JAN 17 2012

Conditions of approval, if any:

JAN 23 2012