

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

Form C-103  
 Revised March 25, 1999

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

WELL API NO. 30-025-27486
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  State 2, 8006 JV-P
8. Well No. 1
9. Pool name or Wildcat SWD; Delaware
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3376' GR

**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 PROPOSALS.)

1. Type of Well:  
 Oil Well  Gas Well  Other SWD **OCT 17 2014**

2. Name of Operator  
 BTA Oil Producers LLC

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

4. Well Location  
 Unit Letter N : 1660 feet from the south line and 1980 feet from the west line  
 Section 2 Township 23S Range 34E NMPM Eddy Sea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT Test <input checked="" type="checkbox"/>	

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.

09/24/14 This well was successfully tested. NMOCD field representative (Mr. Maxey Brown) witnessed the test. Chart is attached.

*George Bower*

(SWD-1492)

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

SIGNATURE *Tom Inskeep* TITLE Regulatory Administrator DATE 10/11/2014

Type or print name \_\_\_\_\_ Telephone No. \_\_\_\_\_

(This space for State use)

APPROVED BY *Billy Semanek* TITLE Staff Manager DATE 10/17/2014

Conditions of approval, if any:

FOR RECORD ONLY

OCT 27 2014

*mm*

