| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | Form C-103 | |
|--|--|--------------|---------------------------------|-------------------------------------|-----------------------|
| District I 1625 N. French Dr., Hobbs, NM 88240 | | | | Revised March 25, 1999 WELL API NO. | |
| District II | istrict II | | | 30-025-27486 | |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | | | | 5. Indicate Type of Lease | |
| District IV 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | STATE S FEE | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa P | e, NIVI 8 | 7303 | 6. State Oil & O | as Lease No. |
| SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) | | EPEN OR PL | UG BACK TO A | 7. Lease Name of | Unit Agreement Name: |
| Type of Well: Oil Well | Other SWD | | | State 2, 8006 J | V-P |
| 2. Name of Operator | | | | 8. Well No. | |
| BTA Oil Producers LLC | | | | 1 | |
| 3. Address of Operator | 0701 | | | 9. Pool name or \ | Vildcat |
| 104 S. Pecos, Midland, TX 7 4. Well Location | 9701 | | | SWD;Delaware | |
| Unit Letter N : Section 2 | Township 10. Elevation (Show 3376' GR | 23S | Range 34E R, RKB, RT, GR, etc. | NMPM E | west line ddy County |
| 11 Charle | Appropriate Box to I | ndicata N | Johnna of Nation | Panart or Other | Doto |
| NOTICE OF IN | ITENTION TO: | | SUB | SEQUENT RE | PORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | N \square | REMEDIAL WOR | K 🗆 | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | LLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AI CEMENT JOB | ND 🗆 | |
| OTHER: | | | OTHER: | Begin Injection | |
| Describe proposed or complete starting any proposed work). SI recompilation. | | | | | |
| 03/26/2015 Injection began | | | | | |
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| The bound of the state of the s | 1 | | | 11 11 0 | |
| I hereby certify that the information | above is true and comple | tie to the b | est of my knowledg | e and belief. | |
| SIGNATURE HOM JWY | Cell | TITLE_R | egulatory Administ | ratorI | DATE 04/06/15 |
| Type or print name Pam Inskeep | pinskeep@bta | aoil.com | | Telephone No. | 432-682-3753 |
| (This space for State use) | | | | | |
| APPPROVED BY | and the same | TITLE_ | Petroleum Engi | neer | DATE 12/15/19 |