

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

HOBBS OCD  
 JAN 17 2012  
 RECEIVED

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)
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3804' 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 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:		SUBSEQUENT REPORT OF:	
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 checked="" 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 <input 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.

- 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:

DEC 15 2015

JAN 23 2012 [Signature]