

Submit 1 Copy To Appropriate District Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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

HOBBS OCD
 JUN 28 2018
 RECEIVED

<p style="text-align: center;">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator BTA OIL PRODUCERS LLC</p> <p>3. Address of Operator 104 S. PECOS STREET, MIDLAND, TEXAS 79701</p> <p>4. Well Location Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line Section 36 Township 17S Range 35E NMPM County LEA</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,890' - GR</p>	<p>WELL API NO. 30-025-29551</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name BUCKEYE -B - 8601 JV-P</p> <p>8. Well Number 002 SWD</p> <p>9. OGRID Number 260297</p> <p>10. Pool name or Wildcat SWD; ABO 96091</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: _____</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: WELL PLUGGED AND ABANDONED 06/20/18.</p>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.


06/18/18: SET 5-1/2" CIBP @ 8,530' (PER OCD); CIRC. WELL W/ M.L.F. X PRES. TEST CSG. TO 800# - HELD OK.
 06/19/18: PUMP 35 SXS. CMT. @ 9,250'-9,030'; PUMP 30 SXS. CMT. 6,916'-6,712'; PUMP 25 SXS. CMT. W/ 2% CACL @ 5,836'; WOC X TAG CMT. PLUG @ 5,619' (OK'D BY OCD); PUMP 40 SXS. CMT. @ 5,134'; WOC. TAG CMT. PLUG @ 4,702' (OK'D BY OCD); PUMP 70 SXS. CMT. W/ 2% CACL @ 3,940'; WOC X TAG CMT. PLUG @ 3,420' (OK'D BY OCD); PUMP 25 SXS. CMT. W/ 2% CACL @ 1,430'; WOC X TAG CMT. @ 1,247' (OK'D BY OCD); MIX X CIRC. TO SURF. 55 SXS. CMT. @ 408'-4'; DIG OUT X CUT OFF WELLHEAD 4' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 06-26-2019

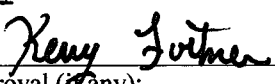
Spud Date: MIRU: 06/14/18

Rig Release I

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

SIGNATURE  TITLE: AGENT DATE: 06/26/18

Type or print name: DAVID A. EYLER E-mail address: deyler@milagro-res.com PHONE: 432.687.3033

APPROVED BY:  TITLE Compliance Officer A DATE 7-2-18
 Conditions of Approval (if any): _____

For State Use Only