

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

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HOBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-29692

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Midway, 8408 JV-P

8. Well Number 3

9. OGRID Number 260297

10. Pool name or Wildcat

Spencer, San Andres 57510

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

3. Address of Operator

104 S. Pecos, Midland, TX 79701

4. Well Location

Unit Letter I : 2310 feet from the south line and 990 feet from the east line

Section 13

Township 17S

Range 36E

NMPM

Lea

County ☒

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3811' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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 COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: Begin surface commingle ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/28/09 Commenced surface commingling operations with BTA 8408 JV-P Midway #1 30-025-29553

PC-1211-0

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

Pam Inskeep

TITLE Regulatory Administrator

DATE 11/03/2009

Type or print name

Pam Inskeep

E-mail address: pinskeep@btaoil.com

Telephone No. 432-682-3753

For State Use Only

APPROVED BY:

[Signature]

TITLE

DISTRICT 1 SUPERVISOR

DATE

NOV 05 2009

Conditions of Approval (if any):