

Submit 3 Copies To Appropriate
District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-005-00658-00-00

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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 Inject

2. Name of Operator
Kevin O. Butler & Associates, Inc.

3. Address of Operator
POB 1171, Midland, TX 79702

7. Lease Name or Unit Agreement Name:

SOUTH CAPROCK QUEEN UNIT
Tract 48

8. Well No.
010

9. Pool name or Wildcat
CAPROCK QUEEN (08559)

4. Well Location
Unit letter J : 1980 feet from the South line and 1980 feet from the EAST line
Section 30 Township 15S Range 31E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 COMPLETION ☐
OTHER: REMEDIAL ASSESSMENT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER:

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.

Shoot Fluid Level by 12/5/00.

If fluid level is below fresh water level-evaluate for 90 to 120 days.

If fluid level is above fresh water level-pull well set CIBP and follow up to Plug & Abandon.

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

SIGNATURE [Signature] TITLE President DATE 11/29/00

Type or print name Kevin O. Butler Telephone No. 915/682-1178

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: