

Submit 3 Copies To Appropriate District Office
DISTRICT I
 1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
 311 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
OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-10:
 Revised March 25, 199

WELL API NO.
30-025-027948-00-00

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
EAST E K UNIT

8. Well No.
012

9. Pool name or Wildcat
E K QUEEN: EAST (20330)

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
Kevin O. Butler & Associates, Inc.

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

4. Well Location
 Unit letter **F** : **2393** feet from the **North** line and **2388** feet from the **WEST** line
 Section **22** Township **18S** Range **34E** NMPM **LEA** 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

SUBSEQUENT REPORT OF:

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

OTHER: Remedial Assessment

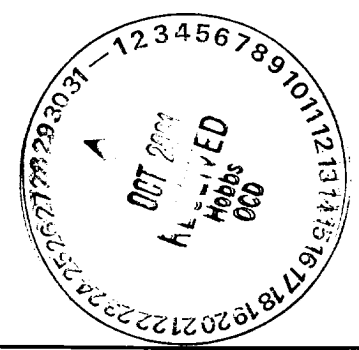
OTHER:

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 recompletion.

INTENT TO T:A: **THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.**

RIH SET CIBP AT 4418'

PRESS WELL TO 500 P.S.I. AND HOLD 30 MIN



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

SIGNATURE [Signature] TITLE President DATE October 29, 2001

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

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

Report 10/29/01

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