

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

HOBBS OGD

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

APR 09 2014

OIL CONSERVATION DIVISION

RECEIVED

1220 South St. Francis Dr.  
Santa Fe, NM 87505

2014 APR -2 P 1:57

WELL API NO. 30-025-22454
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19024
7. Lease Name or Unit Agreement Name E.B. Anderson
8. Well Number 2
9. OGRID Number 012627
10. Pool name or Wildcat Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator Kevin O. Butler & Associates, Inc.	
3. Address of Operator PO Box 1171 Midland, TX 79702	
4. Well Location Unit Letter M : 990 feet from the South line and 990 feet from the West line Section 6 Township 13S Range 38E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Rig Up  
Fish Junk out of Well  
Hope to run plastic coated tubing and put on Disposal

SWD - 1469

Spud Date:

Rig Release Date:

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

SIGNATURE

Lisa Builta

TITLE Regulatory Compliance

DATE 3/28/14

Type or print name Lisa Builta

E-mail address: Reports@kobutler.com

PHONE: 432-682-1178

For State Use Only

APPROVED BY:

Mary Brown

TITLE

Compliance Officer

DATE

4/9/2014

Conditions of Approval (if any):

APR 14 2014