| Submit I Copy To Appropriate District Office   | State of New M   |                       |                              | Form C   |            |  |
|--|--|-----------------------|------------------------------|--|------------|--|
| Dietrict I (575) 393-6161  | nergy, Minerals and Nat  | ural Resources        | WELL API NO.                 | Revised July 18                                    | , 2013     |  |
| 1625 N. French Dr., Hobbs, NM 8824 HOBBS CCD  District II – (575) 748-1283   |  |                       | 30-025-22340                 |  |            |  |
| OIL CONSERVATION DIVISION  |  |                       | 5. Indicate Type of Lease    |  |            |  |
| District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874-101 09 2014 Santa Fe. NM 87505 Santa Fe. NM 87505   |  |                       | STATE FEE S                  |  |            |  |
| $\frac{\text{District IV}}{\text{District IV}} = (303)470-3400$  |  |                       | 6. State Oil & Gas Lease No. |  |            |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505 <b>RECEIVE</b>  | _  |                       | 002404                       |  | Ì          |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |                       | 7. Lease Name or I           | Unit Agreement Na                                  | ame        |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |  |                       | E. B. Anderson               |  |            |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |  |                       |                              | V  |            |  |
| 1. Type of Well: Oil Well Gas Well Other   |  |                       | 8. Well Number 1             | /  |            |  |
| 2. Name of Operator  |  |                       | 9. OGRID Number              | •  |            |  |
| Kevin O Butler & Associates  |  |                       | 12627                        | 12627<br>10. Pool name or Wildcat                  |            |  |
| 3. Address of Operator P.O. Box 1171, Midland, TX 79702  |  |                       | Bronco West Devonian         |  |            |  |
| 4. Well Location   |  |                       | Brones west Bevontan         |  |            |  |
|  | fact from the Wass   | t line and 221        | O foot from the              | Courth   | lima       |  |
|  | feet from theWest  |                       | 0feet from the               |  | line b     |  |
|  | Township 13S Elevation (Show whether Di  | Range 38E             | NMPM                         | County   | Lea        |  |
| 11.1   | devation (show whether Di  | K, KKD, KI, UK, eic.  |                              |  |            |  |
| 《· · · · · · · · · · · · · · · · · · ·   |  |                       | POPEL DE TRANSPORTE          | CONTRACTOR AND | 7265073383 |  |
| 12 Check Approx  | oriate Box to Indicate 1   | Vature of Notice      | Report or Other F            | <b>)</b> ata                                       |            |  |
| 12. Glieck rippiop   | oriate Bon to maleute i  |                       | report of other L            | , ata  |            |  |
| NOTICE OF INTENT   | SEQUENT REPORT OF:   |                       |                              |  |            |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR  |  |                       | <u> </u>                     |  |            |  |
| TEMPORARILY ABANDON  |  |                       |                              | P AND A  |            |  |
|  | TIPLE COMPL  | CASING/CEMEN          | T JOB 📙                      |  |            |  |
| DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM   |  |                       |                              |  |            |  |
| OTHER: Recomplete in Atoka zone  | ×  | OTHER:                |                              | 1  | $\Box$     |  |
| <ol> <li>Describe proposed or completed of of starting any proposed work). SI proposed completion or recomplete</li> </ol>   | EE RULE 19.15.7.14 NMA   |                       |                              |  | ed date    |  |
| <ol> <li>Test anchors/replace and rig up Joe</li> <li>Tally &amp; PU 4 <sup>3</sup>/<sub>4</sub>" bit, csg scrapper</li> <li>TIH to 12,150'. TOH and stand 2 7</li> <li>Rig up wireline truck. Set CIBP @</li> <li>Perforate 2 spf Atoka: 11,198' - 1</li> <li>TIH w/ pkr and 2 7/8" tbg. Spot 35</li> <li>Set pkr above Atoka (11,198-11,218). Based on swab test, acidize w/ 300</li> <li>Swab test for commercial production</li> </ol>   | and 2 7/8" L-80 tubing. 7/8" in the derrick. 12,100' 1,218' 1' cement on top of CIBP. 18') and swab test. 10 gallons 15% NEFE, AIR |                       | alers.                       |  |            |  |
| Spud Date:  I hereby certify that the information above in the informat | R:g Release I  |                       | e and belief.                |  |            |  |
| 227  |  |                       |                              |  |            |  |
| SIGNATURE LA CONTRACTOR  | TITLE  | Agent                 | DAT                          | E07/08/2014  |            |  |
| Type or print nameM.Y. Merchant  | E-mail address:  | ag; zie@penrocoil.cor | n PHONE:57                   | 5-492-1236   |            |  |
| For State Use Only   | <b>.</b> .   | 1 -                   |                              | - / 1  | ,          |  |
| APPROVED BY: Majery Str  | WN TITLE DI  | st Sufer              | MILOU DAT                    | E8/5/201   | 4 h        |  |
| Conditions of Approval (if any)  |  | •                     | AUG 1 1                      | 10 1 M   | 1 1        |  |
|  |  |                       | AUTLL                        | / () [4  |            |  |