Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 29869
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	N 30-025-03942 5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C. 101) FOR SUCH	V.E. Roddy
PROPOSALS.) 1. Type of Well: Oil Well Gas Well □ Other Gas Well □ Other	8. Well Number 001
2. Name of Operator Kevin O. Butler & Associates, Inc. APR 2 7 2016	9. OGRID Number 12627
3. Address of Operator	10. Pool name or Wildcat
PO Box 1171 Midland, TX 79701 RECEIVE 4. Well Location	36330 Knowles Devonian N
4. Well Location Unit Letter A: 750 feet from the N line at	nd 750 feet from the E line
Section 23 Township 16S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3697' GR 3719' KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	L WORK ALTERING CASING
	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent deta	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multip proposed completion or recompletion.	ple Completions: Attach wellbore diagram of
Request Continuance of Temporary Abandonment	
Per Maxey Brown, NMOCD will grant one more year extension on TA status	
C. A	
Condition of Approval: notify	
OCD Hobbs office 24 hours	
prior of running MIT Test & Chart	
Spud Date: Rig Release Date:	
Tag totals and	
The description of the state of	
I hereby certify that the information above is true and complete to the best of my kno	owledge and belief.
SIGNATURE TITLE Regulatory Comple	liance DATE 04/27/2016
Type or print name Lisa Builta E-mail address: Reports@ko	
For State Use Only	
APPROVED BY: Waky Strown TITLE Dist. Su	DATE 5/3/2016
Conditions of Approval (if any)	