

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-10
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-20991-00-00

5. Indicate Type of Lease
 STATE FEE Fed

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)

Type of Well:
 Oil Well Gas Well Other SWD

7. Lease Name or Unit Agreement Name:
 GULF FEDERAL SWD

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

8. Well No.
 001

Address of Operator
 POB 1171, Midland, TX 79701

9. Pool name or Wildcat
 SWD SAN ANDRES-GLORIETTA
 (96127)

Well Location
 Unit letter H : 1980 feet from the North line and 660 feet from the EAST line

Section 12 Township 15S 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
 DRILL OR ALTER CASING MULTIPLE COMPLETION

REASON: Remedial Assessment

SUBSEQUENT REPORT OF:

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

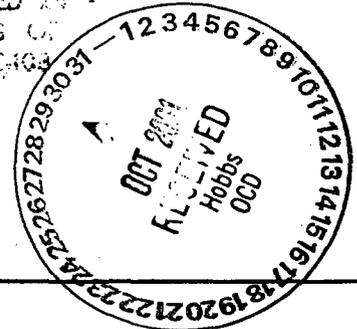
OTHER:

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.

PROPOSED P&A AS FOLLOWS:

- SET CMT PLG 25 SX AT 4521'-4421'
- SET CMT PLG 25 SZ AT 426'-326'
- SET CMT SURFACE PLG 10 SX

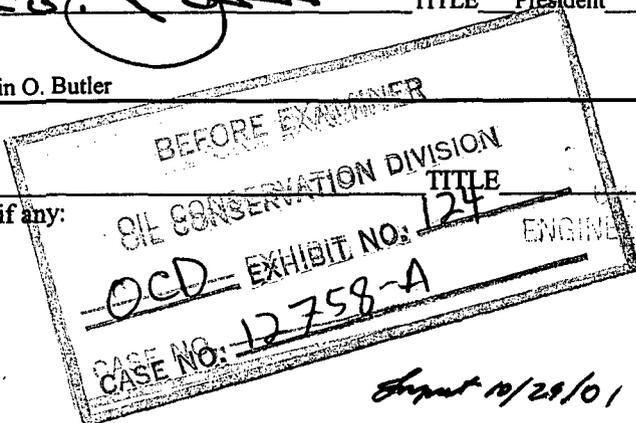
THE COMMISSION MUST BE NOTIFIED 72 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CLOSURE TO BE APPROVED.



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,
 Name or print name: Kevin O. Butler Telephone No. 915/682-1178

PROVED BY: _____ DATE: OCT 30 2001
 Conditions of approval, if any: _____



ENGINEERING MANAGER - 4

Submitted 10/29/01

[Signature]