

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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-10:  
 Revised March 25, 199

OIL CONSERVATION DIVISION  
 2040 South Pacheco  
 Santa Fe, NM 87505

WELL API NO.  
 30-015-01163-00-00

5. Indicate Type of Lease  
 STATE  FEE

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

7. Lease Name or Unit Agreement Name:  
 SOUTH CAPROCK QUEEN UNIT

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

8. Well No.  
 014

Address of Operator  
 POB 1171, Midland, TX 79701

9. Pool name or Wildcat  
 CAPROCK QUEEN (08559)

Well Location  
 Unit letter  N :  330  feet from the  South  line and  1980  feet from the  WEST  line  
 Section  28  Township  14S  Range  31E  NMPM  CHAVES  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   
 OTHER: Remedial Assessment

SUBSEQUENT REPORT OF:

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

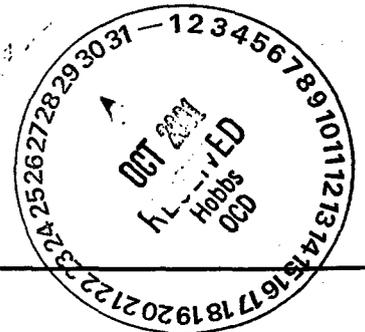
2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

NOTICE TO T&A:

DEPTH SET CIBP AT 3000'

PRESSURE WELL TO 500 PSI AND HOLD 30 MIN

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CIBP TO BE APPROVED.



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

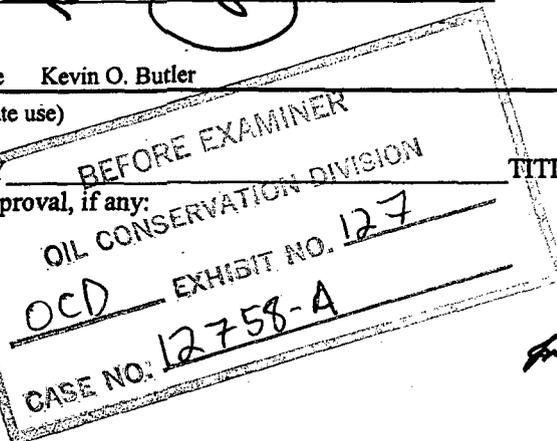
SIGNATURE:  [Signature]  TITLE:  President  DATE:  October 29, 2001

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

(This space for State use)

APPROVED BY:  [Signature]  TITLE:  ENGINEERING MANAGER - 4  DATE:  OCT 30 2001

Conditions of approval, if any:



Approved 10/29/01

[Signature]