not orlist for	fearing.
	T. 0.1

Submit 3 Copies To Appropriate District Office	State of Ne		Form C-103
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and	i Natural Resources	Revised March 25, 1999 WELL API NO.
DISTRICT II	OIL CONSERVA	TION DIVISION	30-005-00662-00-00
811 South First, Artesia NM 88210 DISTRICT III	2040 South		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, N	IM 87505	STATE FEE
2040 S. Pacheco, Santa Fc, NM 87505		•	6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PE DIFFERENT RESERVOIR. USE "APPI	ROPOSALS TO DRILL OR TO DEEPEN		
1. Type of Well:	ACTION OF CHILD	in the secretary	SOUTH CAPROCK QUEEN UNIT
7.7	☐ Other		Tract 48
2. Name of Operator Kevin O. Butler & Associates, In	ic.		8. Well No. 015
 Address of Operator POB 1171, Midland, TX 7970. 	2		9. Pool name or Wildcat CAPROCK QUEEN (08559)
4. Well Location			
Unit letter O :	990feet from theSo	uthline and1	980feet from theEASTline
Section 30	Township 155	S Range 31E	NMPM CHAVES County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Checi	k Appropriate Box to Indica	te Nature of Notice, R	eport or Other Data
NOTICE OF INT	•• •	1	UENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND CEM	ABANDONMENT ☐ ENTIOB ☐
	COMPLETION		
OTHER: Remedial Assessment	IX.	OTHER:	
			ates, including estimated date of starting any pro-
posed work). SEE RULE 1103.	For Multiple Completions: Attach we	allbore diagram of proposed co	ompletion or recompilation.
Shoot Fluid Level by 12/5/00.		•	M. L. The astin
			no quiene accura.
If fluid level is below fresh water le	evel-evaluate for 90 to 120 days.		Mo futher action. Mo sabsequent C/03 showing work done. 10/24/01
If fluid level is above fresh water le	evel-pull well set CIBP and follow	w up to Plug & Abandon.	showing work done.
	•	-	10/24/01
			10/07/0.

I hereby certify that the information above	is true and complete to the best of my knowledge and b	pelief.
SIGNATURE	TITLE_President	DATE 11/30/00
Type or print name Kevin O. Butler	PERODE EVAMINER	Telephone No.915/682-1178
(This space for State use)	DEFORE EN	
APPROVED BY	OIL CONFACE ATION DIVISION	DATE
Conditions of approval, if any:	OCD EXHIBIT NO. 128	
NOV-30-00 THU 10:19 AM FROM:	CASE NO. 12758-A	PAGE 8