

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 Revised August 1, 2011												
		HOBBS OCD NOV 04 2014 RECEIVED				1. WELL API NO. 30-005-00662												
						2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN												
						3. State Oil & Gas Lease No. E-8664												
WELL COMPLETION OR RECOMPLETION REPORT AND LOG																		
4. Reason for filing: <input type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name South Caprock Queen												
						6. Well Number: 15												
7. Type of Completion: <input type="checkbox"/> NEW WELL <input checked="" type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER																		
8. Name of Operator Kevin O. Butler & Associates, Inc.						9. OGRID 012627												
10. Address of Operator PO Box 1171 Midland, TX 79701						11. Pool name or Wildcat Caprock; Queen												
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County								
Surface:	O	30	15S	31E		990	S	1980	E	Chavez								
BH:																		
13. Date Spudded 4/3/84	14. Date T.D. Reached 4/18/84		15. Date Rig Released			16. Date Completed (Ready to Produce) 5/5/84		17. Elevations (DF and RKB, RT, GR, etc.) 3448'										
18. Total Measured Depth of Well 3186'			19. Plug Back Measured Depth 3184'			20. Was Directional Survey Made? on file (OCD)		21. Type Electric and Other Logs Run on file (OCD)										
22. Producing Interval(s), of this completion - Top, Bottom, Name 3163'-3176'																		
CASING RECORD (Report all strings set in well)																		
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED								
8 5/8"		24#		316'		11"		204 sxs		none								
5 1/2"		15.5#		3186'		7 7/8"		175 sxs		none								
4 1/2"		11.6#		3120'		5 1/2"		130 sxs		none								
LINER RECORD						TUBING RECORD												
SIZE	TOP	BOTTOM		SACKS CEMENT	SCREEN		SIZE	DEPTH SET	PACKER SET									
							2 3/8"	3079'										
26. Perforation record (interval, size, and number) 3163' - 3176'						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>3163'-3176'</td> <td>1,200 gal, 12% HCL</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>					DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	3163'-3176'	1,200 gal, 12% HCL				
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3163'-3176'	1,200 gal, 12% HCL																	
PRODUCTION																		
Date First Production 4/20/2011		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping				Well Status (Prod. or Shut-in) Producing												
Date of Test 4/20/2011	Hours Tested 24	Choke Size 2"	Prod'n For Test Period 24	Oil - Bbl 5	Gas - MCF TSTM	Water - Bbl. 14	Gas - Oil Ratio -											
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)												
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented						30. Test Witnessed By												
31. List Attachments None																		
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. N/A																		
33. If an on-site burial was used at the well, report the exact location of the on-site burial: N/A																		
			Latitude		Longitude			NAD 1927 1983										
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief																		
Signature <i>Lisa Builta</i>			Printed Name Lisa Builta			Title Regulatory Compliance			Date 11/3/14									
E-mail Address lisab@kobutler.com																		

DEC 19 2014