

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

APR 09 2009

HOBBSOCD

## CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.) 1. Type of Well: X Oil Well Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		WELL API NO. 3002521813 /
2. Name of Operator KEVIN O BUTLER & ASSOCIATES, INC. /		5. Indicate Type of Lease STATE X FEE <input type="checkbox"/> <input checked="" type="checkbox"/>
3. Address of Operator PO BOX 1171, MIDLAND, TEXAS 79702		6. State Oil & Gas Lease No. K-4772
4. Well Location Unit Letter C 660 feet from the NORTH line and 1902 feet from the WEST line Section 18 Township 17S Range 37E NMPM LEA County		7. Lease Name or Unit Agreement Name NM DE STATE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3820' DF		8. Well Number 003 /
		9. OGRID Number 12627 /
		10. Pool name or Wildcat 46280 MIDWAY ABO ✓

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON X CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 DOWNHOLE COMMINGLE ☐

OTHER:

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER:

13. 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 recompletion.

- 1) Well Status - Request Temporary Abandonment
- 2) Effective - 4/09
- 3) Reason - Unable to operate in the current condition
- 4) Future Plans - Rework and bring into production
- 5) Date of Future Plans - 2009

**DENIED**  
No MIT  
4-10-2009  
EML

Condition of Approval: Notify OCD Hobbs  
office 24 hours prior to running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE

President/Owner

DATE 4-7-09

Type or print name KEVIN O BUTLER E-mail address: [robie@geedmidland.com](mailto:robie@geedmidland.com) PHONE: 432-682-1178

**For State Use Only**

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

Conditions of Approval (if any):