

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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

Form C-103
March 4, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-00661
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH CAPROCK QUEEN UNIT TRACT 48
8. Well Number 016
9. OGRID Number 012627
10. Pool name or Wildcat CAPROCK QUEEN (08559)

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name SOUTH CAPROCK QUEEN UNIT TRACT 48
2. Name of Operator KEVIN O. BUTLER & ASSOCIATES, INC.	8. Well Number 016	
3. Address of Operator POB 1171, MIDLAND, TX 79702	9. OGRID Number 012627	
4. Well Location 1 Unit Letter <u>P</u> 990 feet from the SOUTH line and 990 feet from the EAST line Section 30 Township 15S Range 31E NMPM CHAVES County	10. Pool name or Wildcat CAPROCK QUEEN (08559)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached) Pit Location: UL <u> </u> Sect <u> </u> Twp <u> </u> Rng <u> </u> Pit type <u> </u> Depth to Groundwater <u> </u> Distance from nearest fresh water well <u> </u> Distance from nearest surface water <u> </u> Below-grade Tank Location UL <u> </u> Sect <u> </u> Twp <u> </u> Rng <u> </u> ; feet from the <u> </u> line and <u> </u> feet from the <u> </u> line		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.
6/30/04 Move in rig up (MIRU)
POH w/packer & tbg, lay tbg on ground, RU Rotary Wireline Service
RIH w/5 1/2" CIBP, Set Plug @ 3111'
Load hole w/fresh water + PKR FLUID
Pressure up 500# for 30 min

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Gayna Crow TITLE CONTROLLER DATE 06/28/04

Type or print name GWYNA CROW E-mail address: GEED2000@AOL.COM Telephone No. 432/682-1178

(This space for State use)

APPROVED BY Harry W. Wink TITLE DATE

Conditions of approval, if any:

OCD FIELD REPRESENTATIVE II/STAFF MANAGER JUL 07 2004