

Submit 3 Copies To Appropriate
District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-03942-00-00

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

New Mexico X

8. Well No.
2

9. Pool name or Wildcat

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 ☒ Gas Well ☐ Other ☐

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

3. Address of Operator
POB 1171, Midland, TX 79702

4. Well Location
Unit letter G : 1980 feet from the N line and 1980 feet from the E line

Section 20 Township 17S Range 36E NMPM LEA 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: Repair Work ☐

SUBSEQUENT REPORT OF:

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

12. 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

10/19/04
MIRU
HOLE LOADED W/WATER & PACKER FLUID
PRESSURE CSG TO 560# FOR 30 MIN (SEE ATTACHED CHART)
HELD PRESSURE OK
WITNESSED BY J. ROBINSON, OCD

This Approval of Temporary
Abandonment Expires ~~10/19/04~~

Corrected date NOV 02 2004

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

SIGNATURE B. Robinson TITLE Agent DATE 10/28/04

Type or print name Bill Robinson

(This space for State use)

Telephone No. 432/682-1178

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 01 2004

Conditions of approval, if any:

