Submit 3 Cop	ies To Appropriate District	State	of New Me	vico			E C 102	
Office	Office State of New Mexico						Form C-103 May 27, 2004	
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240						WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION								
District III 1220 South St. Francis Dr						5. Indicate Type of Lease STATE FEE		
1000 Rio Braz District IV	1000 Rio Brazos Rd., Aztec, NM 87410					E Gas Lease No		
1220 S. St. Francis Dr., Santa Fe, NM 87505						. Gas Lease No		
SUNDRY NOTICES AND REPORTS ON WELLS						e or Unit Agree	ement Name	
(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.)						e oer	1	
1. Type of Well: Oil Well Gas Well Other Injection Well 2. Name of Operator						ımber	1	
Kevin O. Butler & Associates, Inc.						moer		
3. Address of Operator						10. Pool name or Wildcat		
P O Box 1171, Midland, Texas 79701						West Reeves Queen Gas		
4. Well Lo		1000 6 4 6 4	1 57 (1		1000			
1	nit Letter F :	1980feet from t		line and			estline	
36	ction 20	Township 11. Elevation (Short		Range 35-E	NMPM	Lea	County	
		11. Lievation (Sho	3,938' G		16.)			
Pit or Below-g	rade Tank Application 🛛	or Closure 🗌						
Pit type_STE	EL_Depth to Groundwat	erDistance fron	ı nearest fresh wa	ter well< 1 m	ile Distance from	nearest surface w	ater> 1 mile	
Pit Liner Thic	kness: STEEL 1	nil Below-Grade Ta	nk: Volume	180 bbls;	Construction Mater	ial STEEl	<u>. </u>	
	12. Check	Appropriate Box to	o Indicate N	ature of Notice	e, Report or Otl	ner Data		
	NOTICE OF IN	ITENTION TO:		CLI	DOFOLIENT I		 -	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐								
TEMPORARILY ABANDON								
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB]		
OTHER:				OTHER:		•		
13. Des	cribe proposed or com	pleted operations. (Cle	early state all p	ertinent details,	and give pertinent	dates, including	s estimated date	
of s	tarting any proposed w	ork). SEE RULE 110	3. For Multipl	e Completions:	Attach wellbore di	agram of propo	sed completion	
Or r	ecompletion.							
8%" csg @ 1,035' w/ 550 sx, circulated; 4½" 10.5# csg @ 4,565' cmt'd w/ 716 sx, circulated; Open perforations 4,436 – 4,443'								
Noti	ify NMOCD 24 hrs prior	to move in, and 4 hrs pric	or to plugs, hold	daily tailgate safe	ty meetings w/ crews	. Set steel pit pri	or to MI	
1. MIRU pl	ugging equipment. NU E	OP. POOH w/ production	on equipment.					
2. Set CIBP @ 4,386'. RU cementer and circulate hole w/ mud. Pump 25 sx C cmt on CIBP @ 4,386'. 3. Pump 25 sx C cmt @ 3.142'. Base of salt plue								
3. Pump 25 sx C cmt @ 3,142'. Base of salt plug 4. Pump 25 sx C cmt w/ 2% CaCl ₂ @ 1,892'. WOC & tag this plug no deeper than 1,792'. Top of salt plug 5. Pump 25 sx C cmt @ 1,085'. Surface casing shoe plug 400 - 300 Pump 10 sx C cement 50' to surface, leaving casing full of cement. Surface plug 7. Cut off wellhead and anchors, install dry hole marker, & level location. Leave location clean and free of trash. THE OIL CONSERVATION DIVISION MUST								
4. Pump 25 sx C cmt w/ 2% CaCl ₂ @ 1,892'. WOC & tag this plug no deeper than 1,792'. Top of salt plug								
5. Pump 25 sx C cmt @ 1,085'. Surface casing shoe plug 400-300								
	sx C cement 50' to surface				\			
			•			9/5/1	- 01	
7. Cut off w	ellhead and anchors, insta	all dry hole marker, & le	vel location. Le	ive location clean	and free of trash.	21310	IIIO	
				THE OIL	CONSERVAT	ION DIVISION	ON MUST	
				BE NOT	IFIED 24 HOU	RS PRIOR	TO THE	
I hereby cert	ify that the information	above is true and com	plete to the be	st o BEGINME	EACH PAUG	ang oper	ATHONS"	
grade tank nas	been/will be constructed or	closed according to NMC	CD guidelines 🗵	l, a general permit	∐ or an (attached) al	ternative OCD-ap	proved plan □.	
SIGNATUR	E An T		TITLE	_engineer		DATE	09/30/05	
Type or print	t name James F. Newr	non DE	17 !! !!					
For State Us		nan, P.E.	E-mail addi	ess: jim@triple	nservices.com	Telephone No.		
						OCT :	1 1 2005	
APPROVED	BY: \ \ \ awy / \cdots f Approval (if any):	1. WUR	TITLE	SENTATIVE II/S	TAFF MANAGER	DATE		
Conunions 0	ı Approvai (il/jaliy):	nc	CICI D REPRE	SENIAIIVE II/O	11 21 1 110 0 0 1 0 1			