Submit   Copy To Appropriate District Office District   - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District   II - (575) 748-1283 811 S. First St., Artesia, NM 88210 2 2 2001 CONSERVATION DIVISION District   III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District   IV - (505) 476-3460  Example 10 State of New Mexico State of New Mexico State of New Mexico Chergy, Minerals and Natural Resources 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 Revised August 1, 2011
		WELL API NO. 30-025-03942
		5. Indicate Type of Lease
		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM <b>RECEIVED</b> 87505		
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.)		7. Lease Name or Unit Agreement Name  New Mexico State
1. Type of Well: Oil Well   Gas Well □ Other  Other  Other		8. Well Number 002
Kevin O. Butler & Associates, Inc.		9. OGRID Number
3. Address of Operator PO Box 1171 Midland, TX 79701		10. Pool name or Wildcat 19070 Double A ABO Lower
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		
Section 20 Township 17S Range 36E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER:	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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Request Continuance of Temporary Abandonment		
Request Continuance of Temporary Abandonment MIT Test to be ran. OCD to be notified to witness test    VEAR T/A EXTENSION ONLY		
	FINAL	L T/A EXTENSION
NO PROD REPORTED IN		
229 MONTHS.		
		229 MONTHS.
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 Lisa Builta	_TITLE_ Regulatory Compliance	DATE
Type or print name Lisa Builta	E-mail address: Reports@kobutler.	com PHONE: 432-682-1178
APPROVED BY: Majey & Brown TITLE Dist. Supervisor DATE 7/24/2014		
Conditions of Approval (if any)		
V		1111 0.2 00481