Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office Dietrica 1 (575) 202 6161 Energy Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 8 2, 2, 2014	WELL API NO. 30-025-03942
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztęc, NM 8 RECEIVED 1220 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	•
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	V.E. Roddy
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 001
Name of Operator Kevin O. Butler & Associates, Inc.	9. OGRID Number 12627
3. Address of Operator	10. Pool name or Wildcat
PO Box 1171 Midland, TX 79701	36330 Knowles Devonian N
4. Well Location Unit Letter A · 750 feet from the N line and	750 foot from the E line
Unit Letter A : 750 feet from the N line and Section 23 Township 16S Range 38E	reet from theine
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3697' GR 3719' KB	A CONTRACTOR OF THE PARTY OF TH
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: 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/CEMEN	NT 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 \[\begin{align*} \text{VEAR T/A EXTENSION} \end{align*}	
ONLY.	
T/A EXPIRED: 5/20/2011	
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PROI	OR P/A WELL.
, .	Mrs
Spud Date: Rig Release Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 Complianc	DATE 6/4/2014
Type or print name Lisa Builta E-mail address: Reports@kobutle For State Use Only	PHONE: 432-682-1178
APPROVED BY: Your Start Suffer Date 7/24/2014 Conditions of Approval (if any):	

JUL 2 5 2014