Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised August 1, 2011

WELL API NO. 30-005-00661

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 14893

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: South Caprock Queen

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well Number 016

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

9. OGRID Number 012627

3. Address of Operator: PO Box 1171 Midland, TX 79702

10. Pool name or Wildcat: Caprock;Queen

4. Well Location
Unit Letter P : 990 feet from the South line and 990 feet from the East line
Section 30 Township 15S Range 31E NMPM County Chaves

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

HOBBSOCD
JAN 27 2015
RECEIVED

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: MIT ☒	

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.

MIT successfully completed 12/29/14.

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 1/26/15

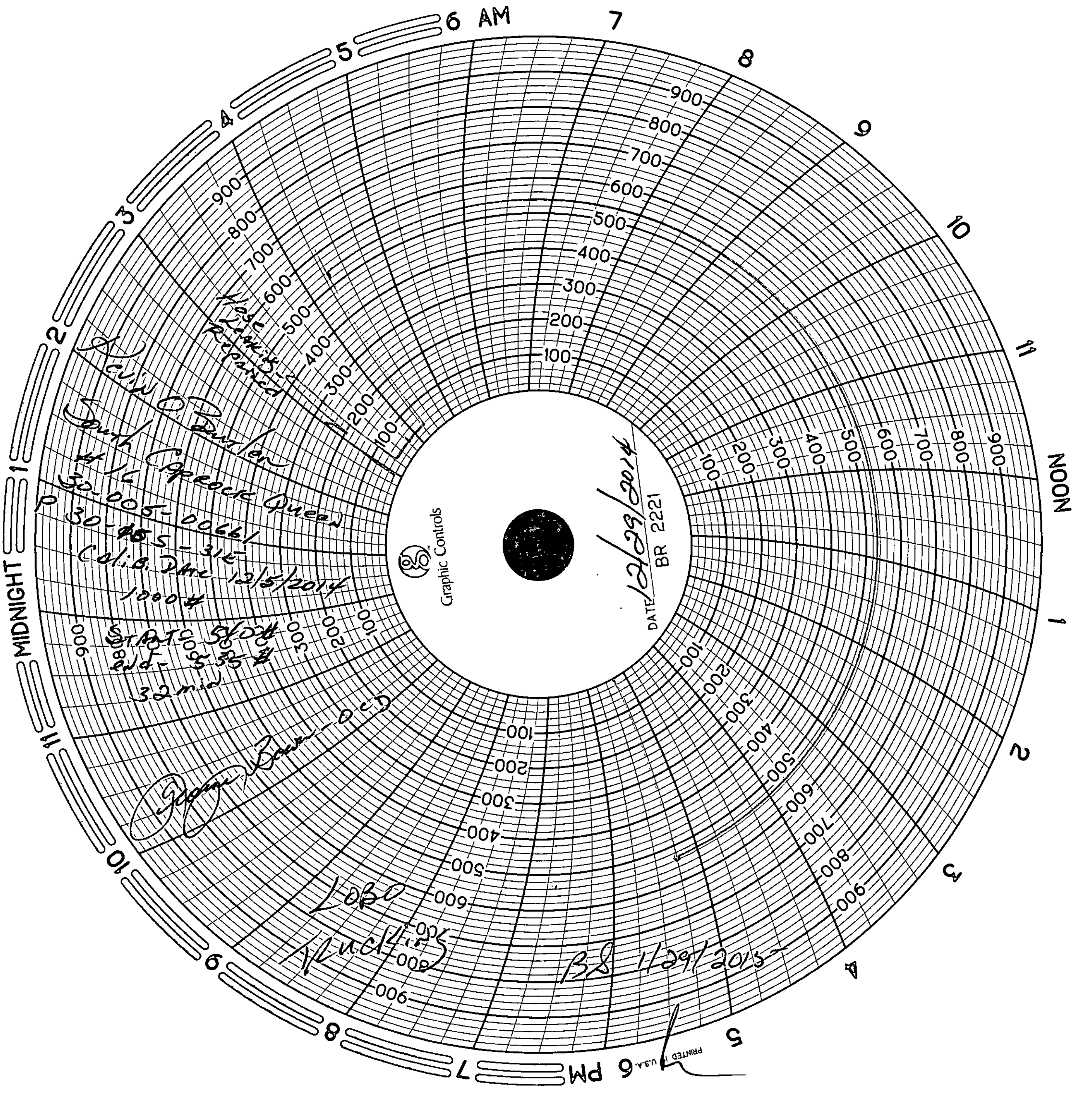
Type or print name Lisa Builta E-mail address: reports@kobutler.com PHONE: 432-682-1178

For State Use Only

APPROVED BY: Bill Seamands TITLE Staff Manager DATE 1/29/2015

Conditions of Approval (if any):

JAN 29 2015



6 AM
NOON
6 PM
MIDNIGHT
Graphic Controls
DATE 12/23/2014
BR 2221
South Caprock Queen
#16
30-005-00661
Calib Date 12/5/2014
1000#
Start 540#
End 535#
32 min
Hose Leaking - Repaired
BS 1/29/2015
PRINTED IN U.S.A.