

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

Form C-103  
 Revised August 1, 2011

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-00658 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Kevin O. Butler & Associates, Inc. ✓		6. State Oil & Gas Lease No. 14893
3. Address of Operator PO Box 1171 Midland, TX 79702		7. Lease Name or Unit Agreement Name South Caprock Queen ✓
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>30</u> Township <u>15S</u> Range <u>31E</u> NMPM County <u>Chaves</u>		8. Well Number <u>010</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 012627
10. Pool name or Wildcat Caprock:Queen		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT <input checked="" type="checkbox"/>	

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

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

Conditions of Approval (if any):

JAN 30 2015

MIDNIGHT

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AM

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NOON

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CA

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5

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PM

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*Handwritten notes:*  
K. W. O. R. R. R.  
South Capeau Area  
# 10  
50-155-316  
30-005-00652

*Handwritten notes:*  
Cdr. B. D. D. 12/29/14

*Handwritten notes:*  
1000 ft  
Start - 520  
End - 560  
32 min

*Handwritten notes:*  
500  
400  
300  
200  
100

*Handwritten notes:*  
Job  
Frankie

*Handwritten notes:*  
58 12/29/2014

Graphic Controls



DATE 12/29/2014  
BR 2221

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