

Submit 3 Copies To Appropriate District
Office,
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St Francis Dr., Santa Fe, NM
87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

APR 06 2009

HOBBS

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

PAGE 1 OF 1

WELL API NO. 3000500661
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-8664
7. Lease Name or Unit Agreement Name SOUTH CAPROCK QUEEN UNIT /
8. Well Number 016 /
9. OGRID Number 12627 /
10. Pool name or Wildcat 08559 CAPROCK QUEEN ✓

4. Well Location Unit Letter <u>P</u> <u>990</u> feet from the <u>SOUTH</u> line and <u>990</u> feet from the <u>EAST</u> line ✓ Section <u>30</u> Township <u>15S</u> Range <u>31E</u> NMPM <u>CHAVES</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4438' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Request witnessed pressure test for injection

Intent to test for Robbie

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Original C-103 dated 5/1/08 was denied
Reflects must be retested and witnessed
See the attached C-103

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 [Signature] TITLE President/Owner DATE 4-3-09

Type or print name KEVIN O BUTLER E-mail address: robie@geedmidland.com PHONE: 432-682-1178

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE APR 09 2009

Conditions of Approval (if any):

Submit 3 Copies To Appropriate District
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87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 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)		WELL API NO. 30-005-00661
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Kevin O. Butler and Associates, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1171, Midland, TX 79702		7. Lease Name or Unit Agreement Name South Caprock Queen Unit Tract 48
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>30</u> Township <u>15S</u> Range <u>31E</u> NMPM Chaves County NM		8. Well Number 016
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 012627
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Caprock Queen (08559)
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls Construction Material _____		

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/1/2008 Move in, rig up (MIRU) w/power swivel and circulating unit. Pressure test casing to 500 psig for 30 min. Drill out CIBP covering Queen and clean out wellbore to PBTD. Run and set packer on 2 3/8" internally plastic tubing. Load hole w/fresh water & packer fluid. Nipple up wellhead. Prepare for injection.

DENIED *no chart must be retasted & witnessed by 7/1/08. CUL*
RECEIVED
MAY 05 2008
HOBBS OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE: Sue Madry TITLE: Project Manager DATE: 5/1/2008

Type or print name _____ E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY: _____ TITLE: _____ DATE: _____
Conditions of Approval (if any): _____