

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

APR 09 2009

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

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WELL API NO. /

3002503942

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

E-7586

7. Lease Name or Unit Agreement Name

NEW MEXICO X STATE /

8. Well Number

002

9. OGRID Number

12627

10. Pool name or Wildcat

19070 DOUBLE A ABO LOWER /

## 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.)

1. Type of Well: X Oil Well Gas Well ☐ Other /

2. Name of Operator

KEVIN O BUTLER &amp; ASSOCIATES, INC. /

3. Address of Operator

PO BOX 1171, MIDLAND, TEXAS 79702

4. Well Location

Unit Letter G 1980 feet from the NORTH line and 1980 feet from the EAST lineSection 20 Township 17S Range 36E NMPM LEA County /

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

3883' DF

## 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 X 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:

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.

1) Well Status - Request Temporary Abandonment

2) Effective - 4/09

3) Reason - Unable to operate in the current condition

4) Future Plans - Rework and bring into production

5) Date of Future Plans - 2009

DENIED

No MIT  
4-10-2009  
SWACondition of Approval: Notify OCD Hobbs  
office 24 hours prior to running MIT Test & Chart

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

TITLE

President/Owner

DATE 4-7-09

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

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

Conditions of Approval (if any):