

RECEIVED

APR 17 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

PAGE 1 OF 1

WELL API NO.  
3000501163

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
SOUTH CAPROCK QUEEN UNIT

8. Well Number  
014

9. OGRID Number  
12627

10. Pool name or Wildcat  
08559 CAPROCK QUEEN

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: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator  
KEVIN O BUTLER & ASSOCIATES, INC.

3. Address of Operator  
PO BOX 1171, MIDLAND, TEXAS 79702

4. Well Location

Unit Letter N 330 feet from the SOUTH line and 1980 feet from the NORTH line  
Section 28 Township 14S Range 31E NMPM CHAVES County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4263' RT

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

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 2/23/06 was filed to bring well up to production

(See the attached C-103)

On about 3/2006, workers went to set up on location and the well was found to be plugged and abandoned

Plans were never initiated

Well remains plugged and abandoned

Spud Date:

Rig Release Date:

**DENIED**  
No record well  
was ever T/A  
or P/A.  
4-24-09  
[Signature]

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 4-14-09

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

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):