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APR 27 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

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WELL API NO. ☒
30025039425. Indicate Type of Lease
STATE ☒ FEE ☐6. State Oil & Gas Lease No.
E-75867. 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 & 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 line
Section 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 ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: MIT REQUEST

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.

Request witnessed MIT with intent to file the following subsequent:

- 1) Well Status - Request Temporary Abandonment
- 2) Effective - Upon successful MIT
- 3) Reason - Unable to operate in the current condition
- 4) Future Plans - Rework and bring into production
- 5) Date of Future Plans - 2009

Condition 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 Kevin O Butler TITLE President/Owner DATE 4-24-09Type or print name KEVIN O BUTLER E-mail address: robie@geedmidland.com PHONE: 432-682-1178

For State Use Only

APPROVED BY: Tony W. Sil TITLE DISTRICT 1 SUPERVISOR DATE APR 28 2009

Conditions of Approval (if any):