

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

APR 24 2009

HOBBSD

Santa Fe, NM 87505

PAGE 1 OF 1

WELL API NO. <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
8. Well Number 016 <input checked="" type="checkbox"/>
9. OGRID Number 12627 <input checked="" type="checkbox"/>
10. Pool name or Wildcat <input checked="" type="checkbox"/> 08559 CAPROCK QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4438' GR

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 INJECTION2. Name of Operator
KEVIN O BUTLER & ASSOCIATES, INC.3. Address of Operator
PO BOX 1171, MIDLAND, TEXAS 79702

4. Well Location

Unit Letter P 990 feet from the SOUTH line and 990 feet from the EAST line ☒
Section 30 Township 15S Range 31E NMPM CHAVES County

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: MIT WITNESSED

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.

4/17/09 MIT WITNESS BY OCD
SEE ATTACHED 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 4-23-09

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

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

APR 30 2009

Conditions of Approval (if any):

