

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1101 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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr  
Santa Fe, NM 87505

PAGE 1 OF 2

WELL API NO	3000500670
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	F-5666
7. Lease Name or Unit Agreement Name	SOUTH CAPROCK QUEEN UNIT
8. Well Number	005
9. OGRID Number	12627
10. Pool name or Wildcat	08539 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: E 2310 feet from the NORTH line and 990 feet from the WEST line  
Section: 30 Township: 15S Range: 51E NMPM CHAVES County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4442' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>		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.

- Rig doing road repair in order to access with rig and other needed equipment.
- Wells is down up well service equipment, investigate unknown artificial lift failures, repair and return to production.
- Currently steep hill located below the Caprock.
- Investigating the possibility of access to well on the south end by a different road that will not be using the hill.
- Roads going down the hills are in very bad shape.
- Rigging up on the well in 2-3 weeks.

**Condition of Approval:**  
OCD requires the Operator to complete a 24 hour production test and submit on form C-104 Request for Allowable before producing this well. Accompanied by Subsequent report of C-103 with dates and what was done, perfts producing from, along with the tubing size and depth.

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: 5-1-09

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

For State Use Only

APPROVED BY:  TITLE: DISTRICT 1 SUPERVISOR DATE: MAY 11 2009