Submit 3 Copies To Appropriate District Office State of	of New Me	exico PlAd.	OK TO	RECE/Form C-103
District 1 Energy, Minera	Is and Natu	iral Resources	WELL APINO	8/2009 une 19, 2008
District II			3002521813	/
District III OCT 1 9 200220 South St. Francis Dr. Santa Fe. NM 87505			5. Indicate Type	
			6. State Oil & G	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St. Francis Dr., Santa Fe, NM HOBBSOCD 87505 Santa Fe, NM 87505			K-4772	
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.)			7. Lease Name or Unit Agreement Name NM State DE #3 /	
1. Type of Well: Oil Well Gas Well Other			8. Well Number	· 03
2. Name of Operator KEVIN O. BUTLER & ASSOCIATES INC.			9. OGRID Num	·
3. Address of Operator P.O. BOX 1171 MIDLAND TX	79702		10. Pool name of 46280 MIDWAY	
4. Well Location				
Unit Letter C :660 feet from the NORTH line and 1902 feet from the WEST line				
Section 18 - Township 17S - Range 37E - NMPM LEA County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to	Indicate N	ature of Notice, I	Report or Other	r Data
NOTICE OF INTENTION TO:		SUBS	SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
TEMPORARILY ABANDON				P AND A ☑
PULL OR ALTER CASING		CASING/CEMENT	JOB 🗌	
DOWNTIOLE COMMINICOLE				
OTHER:	OTHER: LOCATION IS READY FOR INSPECTION AFTER P&A			
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.				
The surface on the NM State DE #3 is clean & ready to be released.				
	·			
Spud Date: Rig	g Release Da	ata.		
Spud Date.	; Release Da	ite.		
I hereby certify that the information above is true and comp	lete to the b	est of my knowledge	and belief.	
		DDECIDENT/OWN	E.D.	10/10/1000
		PRESIDENT/OWN	EK	10/12/2009
	TLE			ATE
Type or print name E-1		lisa@geedmidland.c		432-682-1178
Type or print name E-mail address: PHONE:				
$M_{\text{ol}} \supset M_{\text{Krass}} $				
APPROVED BY: TITCOnditions of Approval (if any):	TLE <u>U</u>	ripliances	yficer D	ATE NO CX COOP