	#*	ļ				
	New Mexico	Oil Conserva	tion To			
Form 3160-5 (February 2005)	New Mexico Oil Conservation Divi 1625 N. French Drive UNITED STATES HORS, NM 88240 PARTMENT OF THE INTERIORS, NM 88240			Pn, District J FORM APPROVED OMB No. 1004-0137		
BLE	REAU OF LAND MANA		88240	5. Lease Serial No.	ires: March 31, 2007	
				NM-031210		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBM	IT IN TRIPLICATE - Other in.	structions on page	2.	7. If Unit of CA/Agreen	ment, Name and/or No.	
L. Type of Well		· · · · · · · · · · · · · · · · · · ·				
2 Name of Operator 1/2 Do Do the O American International American International American International Internatio				8. Well Name and No. Chaveroo "A" Federal #1		
2. Name of Operator Kevin O. Butler & Associates, Inc. 3a. Address 3b. Phone No. (include area code)				9. API Well No. 30-005-200883		
P.O Box 1171, Midland TX, 79701 432-682-			e area coae)	10. Field and Pool or Exploratory Area Chaveroo San Andres		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. Country or Parish. State		
1980' FNL, 660' FWL, Sec. 15, T-8S, R33E				Chaves County, NM		
	CK THE APPROPRIATE BOX(ES) TO INDICATE I	NATURE OF NOTI	CE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	Deepen Fracture Treat	P	Juction (Start/Resume)	Water Shut-Off	
Subsequent Report	Casing Repair	New Construc		lamation omplete	Well Integrity	
	Change Plans	Plug and Abar		porarily Abandon		
Final Abandonment Notice	Convert to Injection	Piug Back	🔲 Wat	er Disposal		
testing has been completed. Final determined that the site is ready for Notice was given Order 0 This was to be completed completion date no later t season, finding a service needing to be moved, add We request an extension	r final inspection.)				Iditional corrective action. h an expected upled with the holiday amount of caliche PTED FOR RECORD	
ţ					JAN 2 2011 MENTAL PROTECTION SPECIALIST	
14.] hereby certify that the foregoing is tr Name (Printed/Typed)	h c l l	Title	Manad	ier		
Signature Thomas	mg !!	Date	121	21/10		
for the	THIS SPACE FO	R FEDERAL C	DR STATE OF			
Approved by		<u> </u>				
		lr.	lle		10	
Conditions of approval, if any, are attached that the applicant holds legal or equitable ti entitle the applicant to conduct operations t	the to these rights in the subject lea	warrant or certify ase which would Of	ffice	Da		
Title 18 U.S.C. Section 1001 and Title 43 I fictitious or fraudulent statements or repres	J.S.C. Section 1212, make it a crir sentations as to any matter within	ne for any person know its jurisdiction.	wingly and willfully t	o make to any department o	r agency of the United States any false,	
(Instructions on page 2)					/	

 \checkmark