

Submit 3 Copies To Appropriate

District Office

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-005-00662-00-00

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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

POB 1171, Midland, TX 79702

7. Lease Name or Unit Agreement Name:

SOUTH CAPROCK QUEEN UNIT  
Tract 48

8. Well No.

015

9. Pool name or Wildcat

CAPROCK QUEEN (08559)

4. Well Location

Unit letter O : 990 feet from the South line and 1980 feet from the EAST line

Section 30

Township 15S

Range 31E

NMPM CHAVES

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 COMPLETION ☐

OTHER: Remedial Assessment

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TA

12. 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 recompilation.

3/8/01

Move in rig up (MIRU)

Set CIBP @ 3000'.

Top of perf: 3050'

Test csg to 500#. Test OK

This Approval of Temporary  
Abandonment Expires 5/24/06

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE President DATE May 22, 2001

Type or print name Kevin O. Butler

Telephone No. 915/682-1178

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

Conditions of approval, if any:





