

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.
30-005-01190-00-00

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

SOUTH CAPROCK QUEEN UNIT
Tract 68

8. Well No.
003

9. Pool name or Wildcat
CAPROCK QUEEN (08359)

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

4. Well Location

Unit letter C: 330 feet from the North line and 330 feet from the WEST line

Section 33

Township 14S

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:

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 recompletion.

Shoot Fluid Level by 12/5/00.

If fluid level is below fresh water level-evaluate for 90 to 120 days.

If fluid level is above fresh water level-pull well set CIBP and follow up to Plug & Abandon.

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

SIGNATURE [Signature] TITLE President DATE 11/29/00

Type or print name Kevin O. Butler

Telephone No. 915/682-1178

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

5
C

ID: SAP0203878816 Entity ID 30005011900000

General Compliance Information

Port-Up Well Summary Information

Date of Violation: 05/14/2000

Approved Plan? ☐ No ☐ Yes ☐ No

Violation Category: SNC Method

Violation Type(s):

Monitoring/Reporting

PAW Not Received ☐ Logs ☐ Summary ☐ PA ☐ C-16 ☐ Other ☐

Legal Action

Dates: 11/01/2001 Canceled 01/15/2002 Affirmed

Dt Action Withdrawn: Date Final:

Order No: Docket No: 12758-A

Penalty Information:

Date Assessed: Date Collected:

Amt. Assessed: Amt. Collected:

Finalize Compliance Cycle

Corrective Actions by Operator

Date Physical Compliance Achieved:

(Legal/Penalty actions may be pending.)

| Notification and Enforcement Actions | | | |
|--------------------------------------|------------|---------------------|------------|
| Type Notification | Date NOV | Type Enforcement | Date ENF |
| Other Notification | 05/14/2000 | Notice of Violation | |
| Other Notification | 11/01/2001 | Show Cause Hearing | 01/15/2002 |

Notes

WENT TO HEARING
SEVERANCE &
CONTINUANCE ISSUED
HEARING TO CONT 02/07/02.