Submit 3 Copies To Appropriate District Office DISTRICT 1 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised March 25, 1999

	ELL API NO. -005-21000-00-00	
5.	Indicate Type of Lease STATE FEE	
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DISTRICT II	OIL CONSERVAT	ΓΙΟΝ DIVISION	30-005-21000-00-00			
811 South First, Artesia NM 88210 DISTRICT III	2040 South	Pacheco	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, N	M 87505	STATE FEE 6. State Oil & Gas Lease No.			
2040 S. Pacheco, Santa Fe, NM 87505			6. State Off & Gas Lease No.			
SUNDRY NOTICE	ES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPO						
DIFFERENT RESERVOIR. USE "APPLICAT 1. Type of Well:	SOUTH CAPROCK QUEEN UNIT					
Oil Well X Gas Well	Tract 48					
2. Name of Operator	8. Well No.					
Kevin O. Butler & Associates, Inc.	017					
3. Address of Operator POB 1171, Midland, TX 79702	9. Pool name or Wildcat CAPROCK QUEEN (08559)					
4. Well Location	CAFROCK QUEEN (08559)					
Unit letter J: 2630 feet from the South line and 1330 feet from the EAST line						
Section 30	Township 158	Range 31E	NMPM CHAVES County			
	10. Elevation (Show whether					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTEN	UENT REPORT OF:					
PERFORM REMEDIAL WORK P	REMEDIAL WORK	☐ ALTERING CASING ☐				
TEMPORARILY ABANDON C	CHANGE PLANS 🔲	COMMENCE DRILLING C	DPNS. □ PLUG AND ABANDONMENT □			
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND CEMI				
C	COMPLETION					
OTHER: Repair Work	N	OTHER:				
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pro-						
posed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.						
Recent fluid level 1000' from surface						
Move In Rig up (MIRU)						
Pull production equipment, replace as n	ieeded					
Run In Hole w/production equipment Swab test well						
Place well on pump						
Install replacement tank battery and replace electrical installation						
(currently waiting on rig)						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE		EPresident	DATE 12/13/00			
Type or print name Kevin O. Butler—			Telephone No.915/682-1178			
(This space for State use)						
APPROVED BY	TITI	LE	DA DEC 2 9 2004			
Conditions of approval, if any:		X	ان منتقع المنتقع المنتق المنتقع المنتقع المنتق			