Submit 3 Copies To Appropriate  State of New Mexico  District Office			Form C-10. Revised March 25, 199
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
DISTRICT II OIL CONSERVATION DIVISION		30-025-22454-00-00	
811 South First, Artesia NM 88210 DISTRICT III 2040 South Pacheco		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE S	
District IV 2040 S. Pacheco, Santa Fe, NM 87505			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			7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well:  Oil Well  Gas Well  Other  SWD			E B ANDERSON
2. Name of Operator Kevin O. Butler & Associates, Inc.			8. Well No. 002
3. Address of Operator POB 1171, Midland, TX 79701			9. Pool name or Wildcat SWD: Wolfcamp BRONCO DEVONIAN WEST (07460)
4. Well Location			
Unit letter M : 990 feet from the South line and 990 feet from the WEST line			
Section 6	Township 13S	Range 38E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
V 1			QUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND	
TEMPORARILY ABANDON	CHANGE FLANS	COMMENCE DRILLING	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION .	CASING TEST AND CEM	ENT JOB
OTHER: Remedial Assessment		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 recompilation.			
PROPOSED P&A AS FOLLOW	S:	Andrew Communication (Communication)	
1. SET CMT RETAINER AT 2975', PUMP 200 SX CMT			
2. PERF 4 HOLES AT 2500', SET CMT RET AT 2450', PUMP 100 SX CMT			
3. PERF 4 HOLES AT 422', SET CMT RET AT 350', PUMP 100 SX CMT			
4. SET 10 SX CMT SURFACE PLG			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			

TITLE

Type or print name Kevin O. Butler

APPROVED BY Conditions of approval, if any:

(This space for State use)

Angel 10/29/01

Telephone No.915/682-1178

DATE