

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-10
Revised March 25, 199

WELL API NO.
30-025-23089-00-00

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 SWD

2. Name of Operator
Kevin O. Butler & Associates, Inc.

3. Address of Operator
POB 1171, Midland, TX 79701

7. Lease Name or Unit Agreement Name:

MAXWELL

8. Well No.
002

9. Pool name or Wildcat SWD
~~GLADIOLA WOLFCAMP, S POOL~~
~~(28120)~~ Penn- Miss- Devonian

4. Well Location
Unit letter E: 2310 feet from the North 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

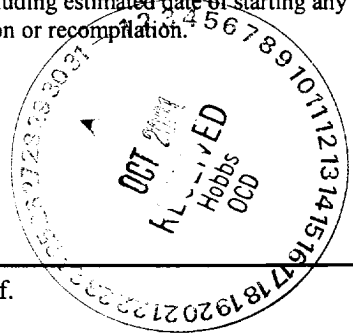
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
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 recompletion.

PERFORM MIT PER OCD REQUIREMENTS

RE-SET PACKER AT 9478' ABOVE (TOP PERFS 9578'-9682')

RE-STORE BACK TO SWD



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

SIGNATURE [Signature] TITLE President DATE October 29, 2001

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: