

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.

30-025-29066-00-00

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

STATE LAND 76

8. Well No.

003

9. Pool name or Wildcat

ANDERSON RANCH WOLFCAMP
(1900)

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 9 : 4720 feet from the South line and 660 feet from the EAST line

Section 2

Township 16S

Range 32E

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:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☒

PULL OR ALTER CASING ☐

OTHER: Remedial Assessment

PLUG AND ABANDON ☐

CHANGE PLANS ☐

MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER:

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

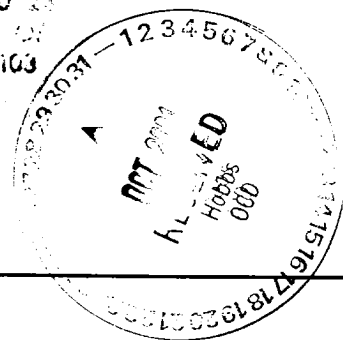
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

INTENT TO T & A:

RIH SET CIBP 9714'

PRESSURE WELL TO 500 P.S.I. AND HOLD 30 MIN

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF MAJOR OPERATIONS FOR THIS C-103 TO BE APPROVED



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

SIGNATURE

2001

TITLE President

DATE October 29,

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:

20/10/2001

20