

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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.  
**30-025-29208**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**E-5301**

7. Lease Name or Unit Agreement Name:

**STATE LAND 76**

8. Well No. **5**

9. Pool name or Wildcat  
**Anderson Ranch Wolfcamp**

**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 **J** : **4290** feet from the **South** line and **1650** feet from the **East** line

Section **2**

Township **16S**

Range **32E**

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**KB 4318**

**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: ☐

**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 recompilation.

**Returned shut-in well to production by installing artificial lift. Producing 15 BOPD, 40 BWPD**

*eff 10-1-00*

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

SIGNATURE  TITLE President DATE 10/18/00

Type or print name Kevin O. Butler

(This space for State use)

Telephone No. 915/682-1178

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12/1

Conditions of approval, if any:

