Submit 3 Copies To Appropriate District Office	State of Nev			n C-10:
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		Revised Marc WELL API NO. 30-025-02357-00-00	<u>ch 25, 199</u>
311 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE FEE	
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 "APPL" 1. Type of Well: Oil Well X Gas Well	CATION FOR PERMIT" (FORM C-101	I) FOR SUCH PROPOSALS)	EAST E K UNIT	
2. Name of Operator Kevin O. Butler & Associates, In			8. Well No. 003	
3. Address of Operator POB 1171, Midland, TX 79702	2		9. Pool name or Wildcat E K QUEEN: EAST (20330)	
4. Well Location Unit letter <u>K</u> :	1980feet from theSou	uthline and	1980 feet from theWEST_	line
Section 22	Township 18S	Range 34E	NMPM LEA Co	ounty
	10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)		
11. Check	Appropriate Box to Indicate	e Nature of Notice, R	eport or Other Data	
NOTICE OF INT	ENTION TO:	SUBSEC	QUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		_
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEM	_	
OTHER: Remedial Assessment	r	OTHER:		
12. Describe proposed or completed op posed work). SEE RULE 1103. F	perations. (Clearly state all pertinent or Multiple Completions: Attach we	t details, and give pertinent d llbore diagram of proposed c	ates, including estimated date of starting ar completion or recompilation.	ny pro-
INTENT TO T:A:				
RIH SET CIBP AT 4452'			1234562	
PRESS WELL TO 500 P.S.I. AND	HOLD 30 MIN		1837 1837	0
	HOURS 网络白斑	ON MUST BE NOTIFIE TO THE RECEIVAING RATIONS FOR THE C RED.	or the E see	4
I hereby certify that the information	above is true and complete to the	e best of my knowledge a	nd belief.	*/
SIGNATURE	TITLE	EPresident	DATE Octob	oer 29,
Type or print name Kevin O. Butler			Telephone No.915/682-117	8
(This space for State use)				19 12 40
APPROVED BY Conditions of approval, if any:	TITI	LE	DATE	c

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