

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.
30-025-22362-00-00

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

EAST E K UNIT

8. Well No.
007

9. Pool name or Wildcat
E K QUEEN: EAST (20330)

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 G : 2310 feet from the North line and 1980 feet from the EAST line

Section 22 Township 18S Range 34E 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: Remedial Assessment

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER:

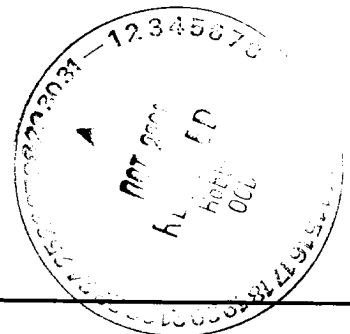
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

INTENT TO T:A:

RIH SET CIBP 4372'

PRESS WELL TO 500 P.S.I. HOLD 30 MIN

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE RESUMPTION OF PLUGGING OPERATIONS FOR THE C-100 TO BE APPROVED.



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 [Signature] TITLE [Signature] DATE 01/01/2001

Conditions of approval, if any:

Signat 10/29/01