

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South 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-103..
Revised March 25, 1999

C15F
ep

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.)		WELL API NO. 30-015-21623
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Phonghoan Mgt. Corp.		6. State Oil & Gas Lease No. E-379
3. Address of Operator P.O. Box 1772 Hobbs, N. M. 88241		7. Lease Name or Unit Agreement Name: State "A"
4. Well Location Unit Letter M : 360 feet from the South line and 455 feet from the West line Section 36 Township 17S Range 27E NMPM Eddy County		8. Well No. 7
		9. Pool name or Wildcat Red Lake Queen Gaybay. SA
10. Elevation (Show whether DR, 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: ☐

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.

1. Move in and rig up.
2. Clean well out to total depth.
3. Install production equipment.
4. Return well to production.



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

SIGNATURE *Guy A. Baben* TITLE Partner DATE 10/28/01

Type or print name Guy A. Baben Telephone No 505-393-8386
(This space for State use)

APPROVED BY *[Signature]* TITLE Field Rep ID DATE 11-9-01
Conditions of approval, if any: