

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Alameda, NM 88210  
 District III  
 1000 Rio Grande Blvd., Roswell, NM 88200  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**RECEIVED**  
**OCT 25 2010**  
**HOBBSOCD**

State of New Mexico  
 Energy, Minerals and Natural Resources  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 May 27, 2004

WELL API NO.	30-025-35957 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State LPG Storage Well ✓
8. Well Number	4 ✓
9. OGRID Number	248440 ✓
10. Pool name or Wildcat	Langlie Mattix ✓

**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 LPG Storage

2. Name of Operator  
 Western Refining Company, LP ✓

3. Address of Operator  
 PO Box 1345 Jal, New Mexico 88252

4. Well Location  
 Unit Letter M : 1000 feet from the South line and 1230 feet from the West line  
 Section 32 Township 23S Range 37E NMPM Lea County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: _____	X	OTHER: _____	<input type="checkbox"/>

13. 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.

Purpose: Annual MIT  
 Date Work Begins: 10-24-10  
 Date Work Completed: 10-25-10

Well four currently has 10,112 barrels of iso butane in storage. Casing pressure is 610 pounds and the tubing pressure is 0. Casing pressure will be increased above 610 pounds by injecting ten pound brine water into the tubing. Tubing pressure will be increased to 50 pounds. A two pen pressure and temperature recorder will be utilized to record testing for a minimum of 24 hours.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Ken Parker TITLE Manager DATE 10-21-10

Type or print name Ken Parker E-mail address: ken.parker@wnr.com Telephone No. 575-395-2632

**For State Use Only**

APPROVED BY: [Signature] TITLE STAFF DATE 10-25-10

Conditions of Approval (if any):