DIFFERENT RESERVOIR. USE "APPLI					State LPG St		55954
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well	Other LPG S	Itomaa	DEA	8. Well Number		1
2. Name of Operator	Gas Well	Other LFG 3	storage	RECE	9. OGRID Num		248440
-	n Refining Com	npany, LP		SEP O o			210110
3. Address of Operator	1045 7 1127		-	10.	2013 10. Pool name o	or Wildcat	Salado
	x 1345 Jal, Nev	w Mexico 8825		HOBBS	JCD		
4. Well Location							
Unit Letter M: 450 feet from the South line and 780 feet from the West line							
Section 32	Township	23S F		R PT GP etc.)	NMPM Lea	Coun	ty
	4	n (Show whethe	or DR, KK	o, K1, OK, etc.)			
Pit or Below-grade Tank Application or Closure							
Pit typeDepth to Groundw	vaterDista	ance from nearest i	fresh water	vell Dista	nce from nearest su	rface water	
Pit Liner Thickness: mil	Below-Grad	de Tank: Volume		bbls; Con	struction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF IN	NTENTION '	TO:		SUBS	SEQUENT RI	EPORT C	F:
PERFORM REMEDIAL WORK	PLUG AND	ABANDON 🗌	l RE	MEDIAL WORK	_		G CASING 🔲
TEMPORARILY ABANDON	CHANGE PL				LING OPNS.	P AND A	
PULL OR ALTER CASING.	MULTIPLE (COMPL] CA	SING/CEMENT	JOB		
OTHER: Pressure Test Casing ar	nd Cavern	×	то	HER:			П
13. Describe proposed or comp					give pertinent da	ites, includin	g estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion							
or recompletion.							
Pressure medium: Isobutane (Specific Gravity .563)							
 Install temperature pressure recorder (Red Pen recording Atmosphere Temperature), Blue Pen Recording Casing and Cavern 							
Pressure							
Blind brine water outlet Blind displayers line (Product Side)							
 Blind discharge line (Product Side) Inject Isobutane and increase casing and cavern pressure to 880 psig. 							
Stabilize over the weekend							
Blind inlet to well (Product	t Side)						
• Run recorded pressure test on casing and cavern. (Casing 32 Minutes.), (Cavern 4 Hour)							
The Oil Conservation D	ivision	Condition of Approval: notify					
UST BE NOTIFIED 2	4 Hours	OCD Hobbs office 24 hours					
r to the beginning of o	1 3	* * 1			prior of run	ning MIT	Test & Chart
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 for lack	er .	TITI	LE <u>Mar</u>	ager		DATE <u>9-</u>	<u>6-13</u>
Type or print name Ken Parker For State Use Only		E-ma	ail address	: ken.parker@w	rnr.com Te	elephone No.	575-395-2632
APPROVED BY	2	тіті	LE Q	st ma	20	DATE	7-9-2013
Conditions of Approval (if any):	7					_ 7	