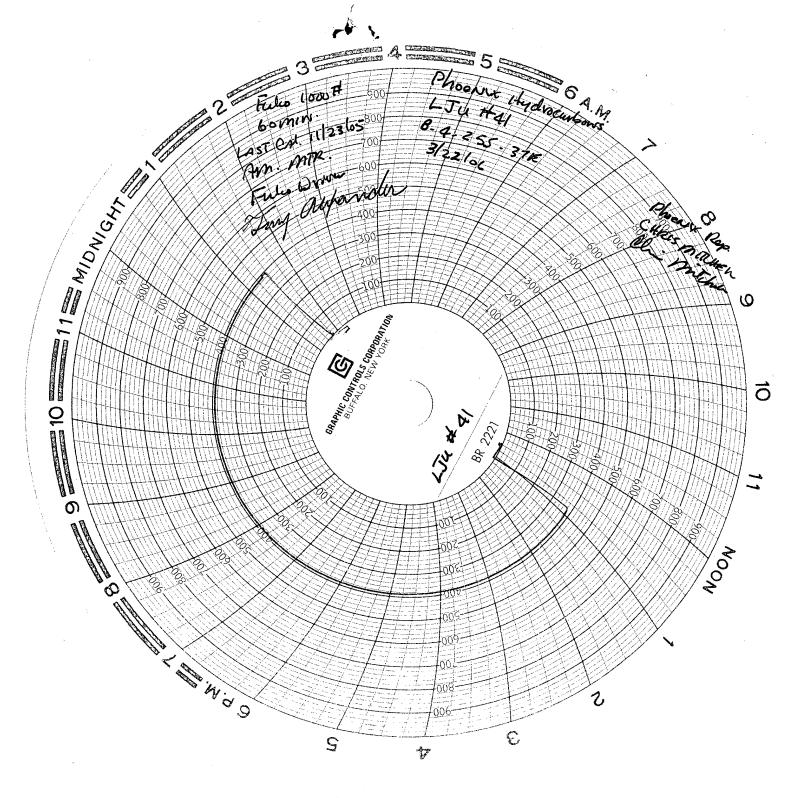
Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natural Resources		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240	M 88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-11437 5. Indicate Type of Lease FEDERAL X	
District III	1220 South St. Francis Dr.		STATE FEE	TAL A
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	<u> </u>
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	,		o. Batte on to day begin inc.	
87505	TOTAL AND DEPONTS ON WELLS		7 I No Vinit A	
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 LANGLIE JAL UNIT	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			LANGLIE JAL UNIT	
PROPOSALS.)			8. Well Number 041	
1. Type of Well: Oil Well Gas Well Other INJECTOR			9. OGRID Number 188483	
2. Name of Operator PHOENIX HYDROCARBONS OPERATING CORPORATION			9. OGRID Number 188483	
3. Address of Operator			10. Pool name or Wildcat LANGLIE	
P O BOX 3638, MIDLAND, TX 79702			MATTIX, 7 RVRSQ	
4. Well Location				
1	feet from the _NORTH line	and 1980 fee	t from the EAST line	
Section 4	Township 25S	Range 37E	NMPM LEA County NM	ſ
Section 4	11. Elevation (Show whether DR,		Vitalian meditari na dimensi di dipanti di	
	3226			17
Pit or Below-grade Tank Application	or Closure			
Pit type Depth to Ground	waterDistance from nearest fresh	vater well Dis	tance from nearest surface water	
Pit Liner Thickness: mi	l Below-Grade Tank: Volume	bbls; C	onstruction Material	
12 Check	Appropriate Box to Indicate N	ature of Notice	Report or Other Data	
12. Check	Appropriate Box to indicate iv	ature of reduce,	report of other Data	
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			_	ASING 🗌
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILL			_LING OPNS.□ P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🔲	
	× -/ 1	OTHER, MIT TES		isd
OTHER: REACTIVATE	pleted operations. (Clearly state all p	OTHER: MIT TES		timated date
of starting any proposed w	ork). SEE RULE 1103. For Multip	e Completions: At	ach wellbore diagram of proposed	l completion
or recompletion.	CIN). 022 110 22 1111 1 1 1 1 1 1 1 1 1 1 1 1	•		
F				
A 19A 194 BREGGY IDE TEGTED IV	CIL AC DED ATTACKED CILABT	DACKED @ 2222	ADDDOVED BY DUDDY HI	T T XX/ITTI
	ELL AS PER ATTACHED CHART TO ACTIVE STATUS AS AN INJEC		. APPROVED BY BUDDY HI	LL WITH
OCD. RETURN WELL	TO ACTIVE STATUS AS AN INJE	OTION WELL.		
			an'i	
			\\(\sigma^{\infty} \)	<i>``</i> ```
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			A STATE OF THE STA	Da 19991
				J 196 ₀
				" Asy " "
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	,			3973-17
hereby certify that the information	above is true and complete to the be	st 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-appr	roved plan □.
		+ CVD VIII	7 4 77 7 4 10 10 6	
SIGNATURE ///	Mulitanian II	<u>AGENT</u>	DATE4/3/06	
Type or print name Phyllis R. Gu	nter E-mail address: PHYGUN	@AOL.COM T	elephone No. 432-686-9869	
For State Use Only	1,110		AA	10 a - ·
APPROVED BY:	J. WINR PAPELL	REPRESENTATIV	E II/STAFF MANAGEBATAPRA	7 U 6 2005
				17 7/11/16
Conditions of Approval (if any):				- รายกัก



Sent: Thu 4/6/2006 11:05 AM

The sender of this message has requested a read receipt. Click here to send a receipt.

Mull, Donna, EMNRD

From:

Phillips, Dorothy, EMNRD

To:

Mull, Donna, EMNRD

Cc:

Subject:

RE: Financial Assurance Requirement

Attachments:

They have a blanket and do not appear on Jane's list.

From: Mull, Donna, EMNRD

Sent: Thursday, April 06, 2006 9:23 AM

To: Phillips, Dorothy, EMNRD

Cc: Macquesten, Gail, EMNRD; Sanchez, Daniel J., EMNRD

Subject: Financial Assurance Requirement

Dorothy,

Is the Financial Assurance Requirement OK for:

Phoenix Hydrocarbons Operating Corp (188483)