

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <u>30-025-21478</u>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <u>Phonghorn Mgt. Corp.</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>P.O. Box 1772 Hobbs, N.M. 88240 392-2495</u>		7. Lease Name or Unit Agreement Name: <u>J. F. Black</u>
4. Well Location <u>P.O. Box 1772 Hobbs, N.M. 88240 392-2495</u>		8. Well No. <u>6</u>
		9. Pool name or Wildcat <u>Langlie Mattix Seven Rivers Queen</u>

Unit Letter F : 2630 feet from the FNL line and 1340 feet from the FNL line

Section 21 Township 24S Range 37E NMPM Lea County

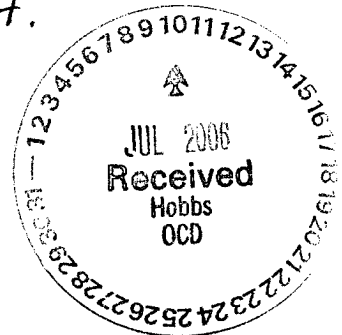
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

2. 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.

1. Move in and rig up. Install B.O.P.
2. Clean out well to total depth.
3. Install tubing and injection equipment.
4. Return well to injection.



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

SIGNATURE G. A. Dabben TITLE Partner DATE 06/27/06  
Type or print name G. A. Dabben Telephone No. 392-2495  
(This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANAGER  
APPROVED BY Gary W. Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

JUL 10 2006