| Submit 3 Copies To Appropriate District | ~ | | | | | |
|---|--|---------------------------|---------------------|---|--|--|
| Office | State of New Mexico | | | Form C-10 | | |
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | | WELL API NO. | | |
| <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-025-35954 | | |
| District III | 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 District IV | Santa Fe, NM 87505 | | | STATE FEE | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | Suna 1 0, 14141 07303 | | | 6. State Oil & Gas Lease No. | | |
| SUNDRY NOT | ICES AND REPOR | TC ON WELL | | | | |
| (DO NOT USE THIS FORM FOR PROPO | SALS TO DRILL OR TO | DEEDEN OD DELL | G BACK TO A | 7. Lease Name or Unit Agreement Name | | |
| DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) | CATION FOR PERMIT" | (FORM C-101) FOR | SUCH | 30055 State LPG Storage | | |
| 1. Type of Well: Oil Well | Gas Well 🛛 Othe | er LPG STORAG | SE WELL | 8. Well Number 1 | | |
| 2. Name of Operator | | Z E G G TOTAL | SE WELL | 9. OGRID Number | | |
| Western Refining Company, LP | / | | | 248440 | | |
| 3. Address of Operator PO Box 1345 Jal, NM 88252 | | | | 10. Pool name or Wildcat | | |
| 4. Well Location | | | | Salado | | |
| Unit Letter M : | 450 6 6 | | | | | |
| Section 32 | 450feet from | m theSOUT | H line and | | | |
| 32 | Townsh 11. Elevation (Sho | | lange 37E | NMPM County LEA | | |
| | 3313' – KB 3300' | w wneiner DR, K ' – GL | KB, RT, GR, etc., | | | |
| Pit or Below-grade Tank Application 🔲 or | r Closure 🗌 | | | | | |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water | | | | | | |
| | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | |
| | | 1 | | | | |
| | PLUG AND ABANI | | SUB | | | |
| TEMPORARILY ABANDON | CHANGE PLANS | | REMEDIAL WORK | and | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | CASING/CEMENT | LING OPNS. PAND A | | |
| OTHER: | | | , ionio, ozimeni | | | |
| | eted operations (CL | 20 X C | THER: | | | |
| 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. | , | or ror maniple (| completions. All | acti wellbore diagram of proposed completion | | |
| The following activities are planted 6 | 337 11 h7 - 1 | | | RECENED | | |
| The following activities are planned is | or well No. 1: | | | | | |
| Estimated Start Date Februar | ry 25, 2008 | | | FFD | | |
| Estimated Start Date February 25, 2008 Pull the existing 3 ½" brine string and replace Remove the wellhead and repair or replace as necessary | | | | FEB 21 2008 | | |
| residence the weinhead and repair of replace as necessary | | | | | | |
| Complete a suite of casing ev Run 3 ½" or 4 ½" tubing | aluation logs on the | final 7" cemente | d casing | HUDDO UUU | | |
| | vev to determine the | oigo of the | TC | | | |
| Complete a Nitrogen – Brine | Interface Mechanics | al Integrity Test t | 1 – II possible bas | sed on wellbore and well configuration egrity of the cavern, cemented casing, and | | |
| wellhead | | a megney rest t | o evaluate the inte | egrity of the cavern, cemented casing, and | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| nereby certify that the information ab | ove is true and comp | olete to the best o | f my knowledge a | and belief. I further certify that any pit or below- | | |
| | sed according to NMOC | CD guidelines 🔲, a g | general permit 🗍 or | and belief. I further certify that any pit or belowan (attached) alternative OCD-approved plan □. | | |
| SIGNATURE | | | | Lonquist Field Service_DATE_02/19/2008_ | | |
| Type or print name E ' B | _ | | | Eniquist Field Service_DATE_02/19/2008_ | | |
| Type or print name Eric Busch | E-mail address: | eric@lonquist.c | <u>om</u> | Telephone No. 713,559,9953 | | |

For State Use Only

APPROVED BY:

List Della Company C

Conditions of Approval (if any):

