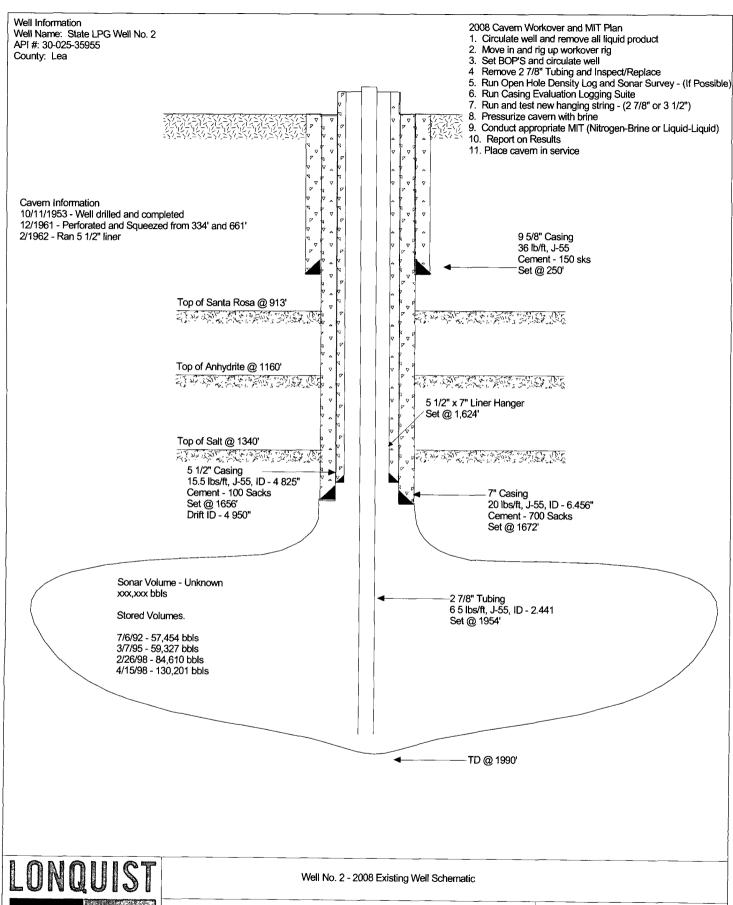
| Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 | | Form C-103 May 27, 2004 VELL API NO. |
|---|--|------------------------|--|
| District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 R10 Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 0-025-35955 Indicate Type of Lease STATE FEE State Oil & Gas Lease No. |
| 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 WELL 2. Name of Operator Western Refining Company, LP | | | Lease Name or Unit Agreement Name 1055 State LPG Storage Well Number 2 OGRID Number 48440 |
| 3. Address of Operator | | | 0. Pool name or Wildcat |
| PO Box 1345 Jal, NM 88252 | | | alado |
| 4. Well Location | | | west - |
| Unit Letter_M : 100 feet from the SOUTH line and 280 feet from the NORTH line | | | |
| Section 32 | Township 23S | Range 37E | NMPM County LEA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3313' - KB 3303' - GL | | | |
| Pit or Below-grade Tank Application or Closure | | | |
| Pit typeDepth to Groundwa | terDistance from nearest fresh w | ater well Distance | e from nearest surface water |
| Pit Liner Thickness: mil | Below-Grade Tank: Volume | | uction Material |
| 12. Check A | ppropriate Box to Indicate N | ature of Notice Re | port or Other Data |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ CASING/CEMENT JOB ☐ | | | |
| OTHER: | № | OTHER | _ |
| OTHER: OTHER: OTHER: OTHER: 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. | | | |
| The following activities are planned for Well No. 2: | | | |
| Estimated Start Date February 25, 2008 Pull the existing 2 7/8" brine string and replace | | | FEB 2 1 2008 |
| Remove the wellhead and repair or replace as necessary Complete a suite of casing evaluation logs on the final 5 ½" cemented casing Run 2 7/8" or 3 ½" tubing into the well | | | |
| Run 2 7/8" or 3 ½" tubing into the well Complete a cavern sonar survey to determine the size of the cavern – If possible based on wellbore and well configuration | | | |
| Complete a Nitrogen – Brine Interface Mechanical Integrity Test to evaluate the integrity of the cavern, cemented casing, and | | | |
| wellhead | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| I hereby certify that the information of | | | |
| 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. | | | |
| SIGNATURETITLE_Operations Manager - Lonquist Field Service_DATE_02/19/2008_ | | | |
| Type or print name Eric Busch | E-mail address: eric@longu | ist.com T _e | elephone No. 713.559.9953 |
| For State Use Only | . ¬ | | |
| APPROVED BY: Chin (1) | Sellan TITLE | IPERVISOR/GENERA | LMANAGER APR 2 5 2008 |

Conditions of Approval (if any):



PROJECT NUMBER: FIELD SERVICE JAL Storage Facility F141 DRAWN: REVIEWED: APPROVAL. SCALE: DATE: DRAWING NUMBER: **ETB ETB** NONE NONE **JUNE 2007**