

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

**RECEIVED**

OCT 25 2010

**HOBBS**

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

<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. 30-025-35954 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> LPG Storage <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Western Refining Company, LP		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 1345 Jal, New Mexico 88252		7. Lease Name or Unit Agreement Name State LPG Storage Well ✓
4. Well Location Unit Letter <u>M</u> : <u>450</u> feet from the <u>South</u> line and <u>780</u> feet from the <u>West</u> line Section <u>32</u> Township <u>23S</u> Range <u>37E</u> NMPM Lea County ✓		8. Well Number 1 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 248440 ✓
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Salado
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <u>X</u>		OTHER: <input type="checkbox"/>	

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.

Purpose: Annual MIT  
Date Work Begins: 10-26-10  
Date Completed: 10-27-10

Well one is currently empty of product and is brine water full. Western Refining Company will use mix butane to pressure the cavern above 500 pounds. A two pen pressure and temperature record will be utilized to record testing for a minimum of 24 hours.

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 Ken Parker TITLE Manager DATE 10-21-10

Type or print name Ken Parker E-mail address: ken.parker@wnr.com Telephone No. 575-395-2632

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 10-25-10

Conditions of Approval (if any):