State of New Mexico serals and Natural Resources Department Energy,

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 310 Old Sa:hta Fe Trail, Room 206			WELL API NO. 30–025–25897	
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	7
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE L 6. State Oil & Gas Lease No.	FEE
CUNDOVALOTIO	EC AND DEPORTS ON HE			
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"			7. Lease Name or Unit Agreement Name	
(FORM C-10	01) FOR SUCH PROPOSALS.)	-	TONTO	
OIL GAS WELL OTHER INJECTION WELL			TONTO	
2. Name of Operator TRIUMPH EXPLORATION, INC.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P. O. BOX 10280, MIDLAND, TEXAS 79702-7280			TONTO YATES SEVEN RIVERS, SOUTH	
4. Well Location	COUTH	000) 17	A.C.T.
Unit Letter I :1650	Feet From The SOUTH	Line and990	Feet From TheE.	AST Line
Section 30			MPM LEA	County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc.)		
	////	Managa Carata Da	V//////	
•	propriate Box to Indicate		• '	
NOTICE OF INTE	NTION TO:	50B3	SEQUENT REPORT O	·F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRILLING	OPNS. L PLUG AND AB	ANDONMENT []
PULL OR ALTER CASING		CASING TEST AND CEN	MENTJOB L	
OTHER:		OTHER: CONVERSIO	ON INTO INJECTION WE	KX LL
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	s (Clearty state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starting any p	roposed
SET PKR @ 2,852' W/ PRESSURE BACKSIDE T	DUOLINE 10 PC TUBING 18,000# TENSION. PU 0 500#. HELD OK / R ON INJECTION ON /5-1	MPED 115 BARRELS AN INTEGRITY CHAP	PACKER FLUID.	
W.FX-69	79			
I hereby certify that the information above is true and or	emplete to the best of my knowledge and be	lief.		
SIGNATURE COLO	Asc. T	TLE MANAGER	DATE)5/17/99

TYPE OR PRINT NAME STELLA SWANSON, CPL TELEPHONE NO. 915/687-4220 (This space for State Use) OF COMMEDSY OF COMMER - DATE -APPROVED BY -.. TITLE -CONDITIONS OF APPROVAL, IF ANY:

SIGNATURE .

