Submic 3 Copies To Appropriate District Office	State of New Mexico		Form C-103.		
District I	Energy, Minerals and Nati	ıral Resources	WELL API NO.	Revised March 25, 19	999
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONCEDULATION	LDWINGLON		5-21479	
811 South First, Artesia, NM 87210 District III	OIL CONSERVATION 2040 South Pac		5. Indicate Type		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE [
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	Sallia PC, INIVI o	/303	6. State Oil & C	Gas Lease No.	
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PL TION FOR PERMIT" (FORM C-101) F	UG BACK TO A		r Unit Agreement Na	me:
1. Type of Well: Oil Well 区 Gas Well	Other		J. F. C	3/4CK	
2. Name of Operator Phonghon MG+. Co			8. Well No.		
3. Address of Operator			9. Pool name or	r Wildcat	-
P.O. Box 1772 Hobbs, N.M. 88241			Langlie Mul	Hix TRURS Q-	6.
4. Well Location			-	•	
Unit Letter C: /	13/0 feet from the Noat	$\frac{4}{2}$ line and $\frac{2}{2}$	626 feet from	n the <u>E45†</u> lir	ne
Section 2/	Township Z 4 5 Ra	ange 37 E	NMPM Leu	County	
	10. Elevation (Show whether D	OR, RKB, RT, GR, etc	:.)	Codiny	
11 Check Ap	propriate Box to Indicate N	ature of Notice E	Papart or Other I	Poto	
NOTICE OF INT	ENTION TO:		SEQUENT REP		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID	ADAIROONNILIN	
OTHER:		OTHER:			
12. Describe proposed or complete of starting any proposed work). So or recompilation. 1. Move in and 2. Clean out w	Aig of.	Completions: Attach	l give pertinent date wellbore diagram o	s, including estimated of proposed completion	date
3. Install to	bine And inje	ction			
	•		DCT ML VE Hobbs OCD		
equipment. 4. Ketuan well to injection.			No Contraction	en i	
4. Keturn wel	Hophs	:D			
		,	OCD OCD		
			25 ST 1 07	, 9 , 127 T	
I hereby certify that the information al	nove is true and complete to the 1				
			e and belief.	<i>(</i>)	
SIGNATURE MMULA		ractiven		DATE 10/24/0	Ĺ
Type or print name Guy	1. Buber		Teleph	none No.505-393	8380
(This space for State use) GAA					
APPPROVED BY MATICAL SC 10- Conditions of approval, if any:	TITLE			_DATE	. U.J.
Tri, in mili					