

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISE  
DP

DISTRICT 1  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-015-10612
5. Indicate Type of Lease	Federal
6. State Oil & Gas Lease No.	NM-0467934
7. Lease Name or Unit Agreement Name	Grayburg Jackson PSU
8. Well No.	AD No. 9
9. Pool name or Wildcat	Grayburg Jackson 7R-QN-GB-SA

<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.)	
1. Type of Well: OIL WELL	convert to injector
2. Name of AROC (Texas) Inc. C/O Shahara Oil, LLC 207 W McKay Carlsbad NM 88220	(505)885-5433 05/885-5433
3. Address	
4. Well Location	
Unit Letter <u>A</u>	Feet From The <u>North</u> Line and <u>640'</u> Feet From The <u>East</u> Line
Section <u>34</u>	Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County
10. Elevation	(Show whether DF, RKB, RT, GR, etc.)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Casing Integrity Test <input checked="" type="checkbox"/>

12. 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.

05/07/00 Casing integrity test. Original pressure chart on file w/OCD - Artesia.  
Copy attached.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Thallia Marshall</u>	TITLE _____ DATE <u>07/12/00</u>
TYPE OR PRINT NAME <u>Thallia Marshall</u>	TELEPHONE NO. <u>505-885-5433</u>
(This space for State Use)	
APPROVED BY <u>Denny Dwyer</u>	TITLE <u>Field Rep 1</u> DATE <u>2-16-01</u>
CONDITIONS OF APPROVAL IF ANY:	