

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD** State of New Mexico  
Energy, Minerals and Natural Resources

**OCT 31 2013** CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

**RECEIVED**

Form C-103  
May 27, 2004

WELL API NO. 30 025 25422	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-6622	
7. Lease Name or Unit Agreement Name North El Mar Unit	
8. Well Number 62	
9. OGRID Number 20077	
10. Pool name or Wildcat El Mar (Delaware)	
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: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>P&amp;A IAI</b>	
2. Name of Operator Sahara Operating Company	
3. Address of Operator P.O. Box 4130, Midland, TX 79704	
4. Well Location Unit Letter <u>H</u> <u>1829</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>36</u> Township <u>26S</u> Range <u>32E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,086 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below _____ volume _____ bbls; Construction Material _____	

12. Check \_\_\_\_\_  
Approved for Plugging of well bore only.  
Liability under bond is retained pending receipt of  
C-103 (Specifically for Subsequent Report of Well  
Plugging) which may be found at OCD web page  
under forms/  
www.emnrd.state.nm.us/oecd

Indicate Nature of Notice, Report or Other Data

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐  
OTHER: ☐

\_\_\_\_\_ or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date  
\_\_\_\_\_ any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion  
or recompletion.

10/18/13 SET CIBP @ 4500' PER OCD - CIRCULATE PLUGGING MUD - TEST CASING TO 500# - SPOT 25  
SACKS @ 4500'  
10/21/13 TAG @ 4138' - SPOT 30 SACKS @ 2501' PER OCD - TAG @ 1970' - HOLE IN CASING 30' - 60'  
10/22/13 PERF @ 800' - PUMP 150 SACKS - CIRCULATED TO SURFACE - INSTALL DRY HOLE MARKER

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 Robert McAlpine TITLE President DATE 10-29-2013

Type or print name Robert McAlpine E-mail address: Rob@saharaoper.com Telephone No. 888/697-0967

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 10-31-2013  
Conditions of Approval (if any):

OCT 31 2013