

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
PO Box 1980, Hobbs, NM 88241-1980  
DISTRICT II  
PO Drawer DD, Artesia, NM 88211-0719  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
PO Box 2088  
Santa Fe, NM 87504-2088

WELL API NO.	30-025-34364-34476
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	23178

<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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name  INDIANA "1"
2. Name of Operator  SAHARA OPERATING COMPANY	8. Well No.  2
3. Address of Operator P.O. Box 4130, Midland, Texas 79704	9. Pool name or Wildcat Goodwin, Abo <del>23178</del>
4. Well Location  Unit Letter <u>Lot 2</u> : <u>744</u> Feet From The <u>North</u> Line and <u>1653</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>19 South</u> Range <u>36 East</u> NMPM <u>Lea</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3744' KB	

11. 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"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Stuffing Box Leak</u> <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

1-21-00 Seal ring on polished rod liner blew out. Approximately 2 bbls oil spilled, all contained on well location. Cleaned up spill and disposed of oily dirt.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert McAlpine TITLE President DATE 1-21-00  
TYPE OR PRINT NAME Robert McAlpine TELEPHONE NO. 1-915-697-0967

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: