

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30 025 08305

5. Indicate Type of Lease FEDERAL
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
North El Mar Unit

8. Well Number 50

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: ☐ Oil Well ☐ Gas Well ☒ Other Service - injection

2. Name of Operator

Sahara Operating Company

3. Address of Operator

P.O. Box 4130, Midland, TX 79704

4. Well Location

Unit Letter H 330 feet from the South line and 330 feet from the East line
Section 34 Township 26S Range 32E NMPM County LEA11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,101 GLPit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

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

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Injection well failed MIT on 1-13-2009. Shut in well. Rigged up pulling unit, POH w/packer and tbg, ran BIH w/redressed packer testing, replaced 3 bad joints, found 1 hole in tubing, set packer 2' deep @ 4401'. Circ packer fluid, set packer, NU wellhead, test annulus OK. SIW. Work complete on 1-22-2009. Left well SI.

Ran MIT on 2-2-2009, tested to 510# f/30 minutes OK. Original test chart attached.

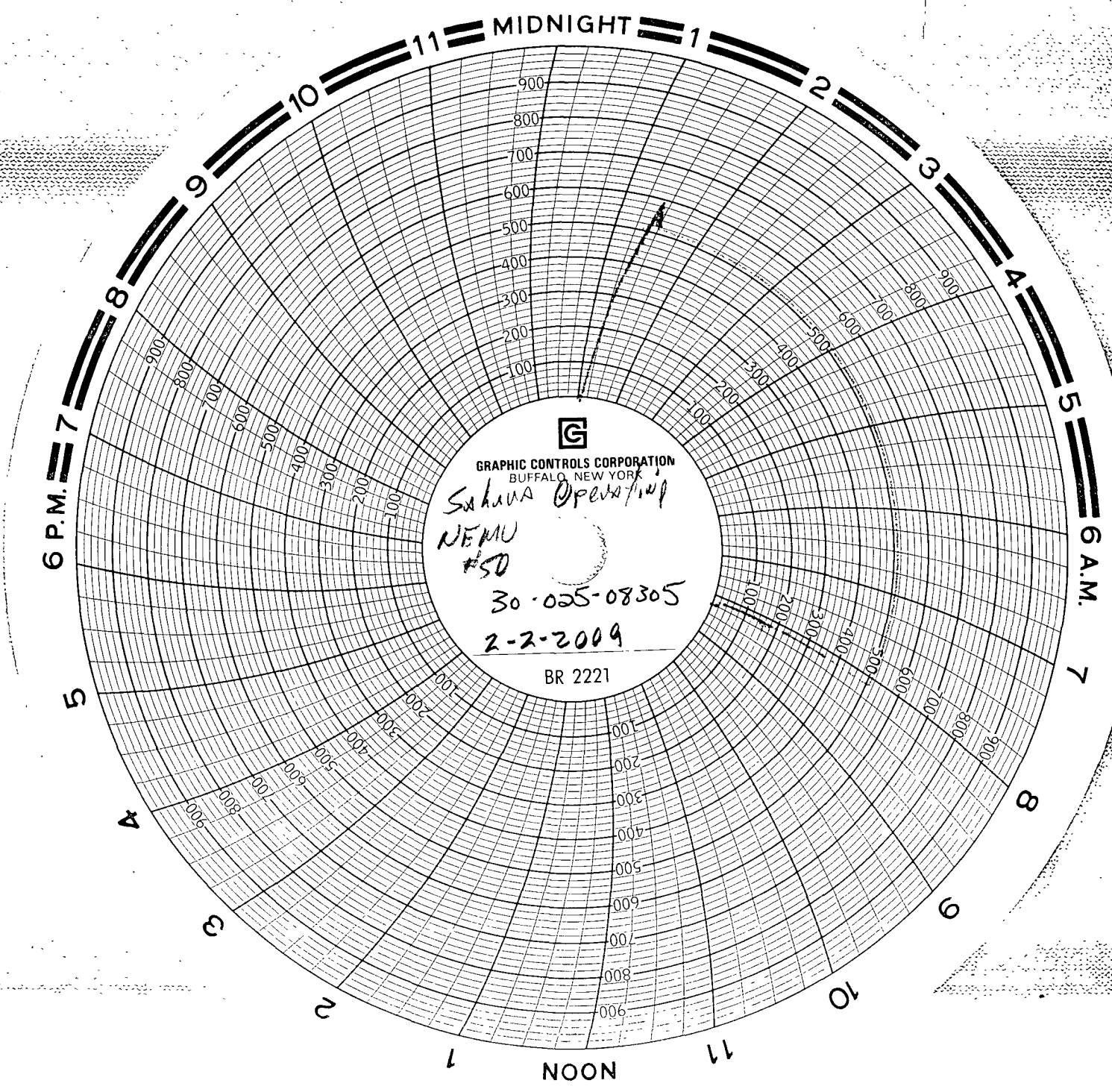
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE President DATE 1-03-2009Type or print name Robert McAlpine E-mail address: SaharaRM@sbcglobal.net Telephone No. 432-697-0967

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE FEB 06 2009

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Sakana Operating
NEMU
#50
30-025-08305
2-2-2009

BR 2221

2.2.09
H-5 Test MRI
24 Hrs. Clinic
Rapid Transport
Jesus Solgado

SAHARA CAPTIVE CO
NORTH EL MAR # 50