

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30 025 08288
5. Indicate Type of Lease FEDERAL
STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
NMLC-065880

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 P 660 feet from the South line and 660 feet from the East line
Section 26 Township 26S Range 33E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,113 DF

Pit 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: MIT ☒

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.

Well repaired after failed MIT 5-25-21

Dug out WH, welded on new pipe and WH. Squeezed hole in casing @ 1050' with 70 sx.

Ran Watson 4-1/2" x 2-3/8" plastic coated ASL-1X packer (3 element lok-set type) with T-2 stainless on/off tool and "F" profile nipple on same tubing string.

Ran retest on 12-2-2021, witnessed by Gary Robinson. BH test reports and 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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE President DATE 1-10-2022

Type or print name Robert McAlpine E-mail address: Rob@Saharaoper.com Telephone No. 432-697-0967

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 9/25/23
Conditions of Approval (if any): _____

District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6151 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name SAHARA	API Number 30-025-08288
Property Name N. EL MAR	Well No. #33

1. Surface Location

UL - Lot P	Section 26	Township 26S	Range 32E	Feet from 660	N/S Line S	Feet From 660	E/W Line E	County LEA
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Well Status

TA'D WELL YES NO	SHUT-IN YES NO	INJECTOR INJ	SWD	OIL	PRODUCER	GAS	DATE 12-2-21
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0			0	100
Flow Characteristics					
Puff	Y N	Y / N	Y / N	Y N	CO2
Steady Flow	Y N	Y / N	Y / N	Y N	WTR ✓
Surges	Y N	Y / N	Y / N	Y N	GAS
Down to nothing	Y N	Y / N	Y / N	Y N	Type of Fluid
Gas or Oil	Y N	Y / N	Y / N	Y N	Injected for
Water	Y N	Y / N	Y / N	Y N	Waterflood if
					applicable

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**PWO
MIT/BHT**

Signature:	OIL CONSERVATION DIVISION
Printed name: Robert M. Alpie	Entered into RBDMS
Title: President	Re-test
E-mail Address: ROB@SAHARAOPER.COM	
Date: 1-19-22	Phone: 432-697-0987
Witness: Larry Robinson	

INSTRUCTIONS ON BACK OF THIS FORM

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6151 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name SAHARA	API Number 30-025-08288
Property Name N. EL MAR	Well No. #33

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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN NO <input type="radio"/> INJ <input checked="" type="radio"/>	INJECTOR SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 5-25-21
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Operator conceded failure - well has hole in casing.

Failed BAT

Signature: 	OIL CONSERVATION DIVISION
Printed name: Robert W. Alipio	Entered into RBDMS AK
Title: President	Re-test
E-mail Address: Rob @SAHARA.OPER.COM	
Date: 1-10-2022	Phone: 432 697 0967
Witness: Ray Robinson	

INSTRUCTIONS ON BACK OF THIS FORM

State of New Mexico
Energy, Minerals and Natural Resources

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1220 S. St. Francis Dr., Santa Fe, NM
87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30 025 08288
5. Indicate Type of Lease	FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NMLC-065880
7. Lease Name or Unit Agreement Name	North El Mar Unit
8. Well Number	33
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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>P</u> <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>26</u> Township <u>26S</u> Range <u>33E</u> NMPM County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,113 DF	
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-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 <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT <input type="checkbox"/>	
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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.

Well failed MIT 5-25-21

Will dig out WH, welded on new pipe where old riser is corroded. Find and squeeze hole in casing

Rerun redressed tbg and pkr to same depth.

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 [Signature] TITLE President DATE 7-10-2021

Type or print name Robert McAlpine E-mail address: Rob@Saharaoper.com Telephone No. 432-697-0967

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____



District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 71630

CONDITIONS

Operator: SAHARA OPERATING CO P.O. Box 4130 Midland, TX 79704	OGRID: 20077
	Action Number: 71630
	Action Type: [C-103] Sub. Workover (C-103R)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	9/25/2023