State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-015-04358

5. Indicate Type of Lease
Federal

6. State Oil & Gas Lease No.
NM-0467934

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.)

7. Lease Name or Unit Agreement Name

Grayburg Jackson WFU TR "MB

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER [X] WIW

2. Name of Operator
Shahara Oil, LLC

8. Well No.
3

3. Address of Operator
207 W. McKay, Carlsbad, NM 88220   505/885-5433

9. Pool name or Wildcat
Grayburg Jaclson 7R, QN, GB, SA

4. Well Location

Unit Letter   N   :   990   Feet From The   outh   Line   and   1650   Feet From The   West   Line

Section   27   Township   17S   Range   30E   NMPM   Eddy   County

10. Elevation   (Show whether DF, RKB, RT, GR, etc.)
3627GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Casing Integrity Test	[X]

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.

11/13/97   Casing integrity test conducted. Pressure held at 320psi for 15 minutes. Original pressure chart attached.

FEB 1998
RECEIVED
OCD - ARTESIA

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

SIGNATURE   _____   TITLE   **President**   DATE   12\01\97

TYPE OR PRINT NAME   Perry L. Hughes   TELEPHONE NO.   505-885-5433

(This space for State Use)

APPROVED BY   _____   TITLE   _____   DATE   _____

CONDITIONS OF APPROVAL IF ANY: