CISF

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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.
30-015-04402

5. Indicate Type of Lease
Federal

6. State Oil & Gas Lease No.
LC-060529

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

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER [X] Convert to injector

2. Name of Operator
Shahara Oil, LLC

8. Well No.
Beeson "F" Federal No. 13

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

9. Pool name or Wildcat
Loco Hills QN-GB-SA

4. Well Location

| Unit Letter | K | : | 2310' | Feet From The | South | Line | and | 2232 | Feet From The | West | Line |

| Section | 31 | Township | 17S | Range | 30E | NMPM | | Eddy | County |

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3562' GR

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 [ ]
OTHER: [ ]

SUBSEQUENT REPORT OF

REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]
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.

07/06/00   Casing integrity test. Original pressure chart attached.

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

SIGNATURE _Thallia Marshall_ TITLE ____

TYPE OR PRINT NAME   Thallia Marshall

DATE   07/12/00

TELEPHONE NO.   505-885-5433

(This space for State Use)

APPROVED BY _Record only_ TITLE ____   DATE ____

CONDITIONS OF APPROVAL IF ANY:

BEESON F 13
7-6-00

BR 2221

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK