

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

C/ST

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.	30-015-04418
5. Indicate Type of Lease	Federal
6. State Oil & Gas Lease No.	LC-060529
7. Lease Name or Unit Agreement Name	
8. Well No.	Beeson "F" Federal No. 7
9. Pool name or Wildcat	Loco Hills QN-GB-SA

<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 <input type="checkbox"/> WELL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Shahara Oil, LLC	
3. Address of Operator 207 W. McKay, Carlsbad, NM 88220 505/885-5433	
4. Well Location Unit Letter <u>A</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3585'	

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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Casing Integrity Test <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

04/11/00 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 Agent DATE 04/17/00  
TYPE OR PRINT NAME Thallia Marshall TELEPHONE NO. 505-885-5433

(This space for State Use)

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

CONDITIONS OF APPROVAL IF ANY:

*Signature of Agent*  
*Thallia Marshall*

