

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
JP

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.  
30-015-04446

5. Indicate Type of Lease

Federal

6. State Oil & Gas Lease No.

NM-0384573

7. Lease Name or Unit Agreement Name

Grayburg Jackson WFU

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 ☐ GAS ☐  
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator  
Shahara Oil, LLC

8. Well No.  
Tract FG No. 2

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

9. Pool name or Wildcat  
Grayburg Jackson 7R-QN-GB-SA

4. Well Location  
Unit Letter C : 332' Feet From The North Line and 1666' Feet From The West Line  
Section 34 Township 17S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3595'

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 ☒

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.

04/06/00 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 Agent

DATE 04/17/00

TYPE OR PRINT NAME Thallia Marshall

TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY *Record Only*

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: