## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CISF

to Appropriate District Office

DISTRICT 3

<u>DISTRICT\_1</u> P O. Box 1980, Hobbs, NM 88240

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

OTHER:

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

30-015-30016

Federal

7. Lease Name or Unit Agreement Name

6 State Oil & Gas Lease No

5. Indicate Type of Lease

LC-060529

ALTERING CASING

PLUG AND ABANDONMENT

X

## 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"

		DILLEVEIA	INCOLINACII	V. OOL AFFE	ICATION FOR FERMIT							
(FORM C-101) FOR SUCH PROPOSALS.)												
. Type of '	GAS	3			<u>-, -,</u>	, , , , , , , , , , , , , , , , , , , ,			_			
WELL	X WE	u	OTHER									
. Name of	Operator								8. Weil No.			
	Shahara C	Oil, LLC							Beeson "F	" Feder	al No. 27	
. Address	of Operator	· · · · · · · · · · · · · · · · · · ·							9. Pool name or W	ildcat		
	207 W. M	cKay, Ca	ırlsbad, N	M 88220	505/885-5433	3			Loco H	lills QN-G	B-SA	
. Well Loc	cation			·····								
	Unit Letter	В		1015	Feet From The North	Line	and	1524	Feet From The	East	Line	
	Section	31		Township	178	Range		30E	NMPM	Eddy	County	
				10. Elevation	(Show whether DF, RKB, RT, G 3589'	GR, etc.)						
		Ch	eck Approp	oriate Box to	o Indicate Nature of	Notice, Re	port	, or Othe	er Data			
	NOTICE OF INTENTION TO:							SUBSEQUENT REPORT OF				

REMEDIAL WORK

COMMENCE DRILLING OPNS.

OTHER: Casing Integrity Test

PULL OR ALTER CASING CASING TEST AND CEMENT JOB

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.

03/31/00 Casing integrity test. Original pressure chart attached.

PLUG AND ABANDON

CHANGE PLANS



i hereby certify that the information above is ture and complete to the best of m	DATE 04/06/00			
TYPE OR PRINT NAME Thallia Marshall			TELEPHONE NO.	505-885-5433
(This space for State Use)	<del></del>			
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL IF ANY				