

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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 Well ☐ Gas Well ☒ Other Service (injection)

2. Name of Operator

Sahara Operating Company

3. Address of Operator

P.O. Box 4130, Midland, TX 79704

4. Well Location

Unit Letter L 1980 feet from the South line and 660 feet from the West line  
 Section 25 Township 26S Range 32E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3,107 DF

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. 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 ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: ☐ OTHER: MIT ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well failed mechanical integrity test on 10-17-2023

Intend to pull tubing and packer, locate failure point, repair and return to injection.

Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE President DATE 11-07-2023

Type or print name Robert McAlpine E-mail address: Rob@Saharaoper.com Telephone No. 432-697-0967

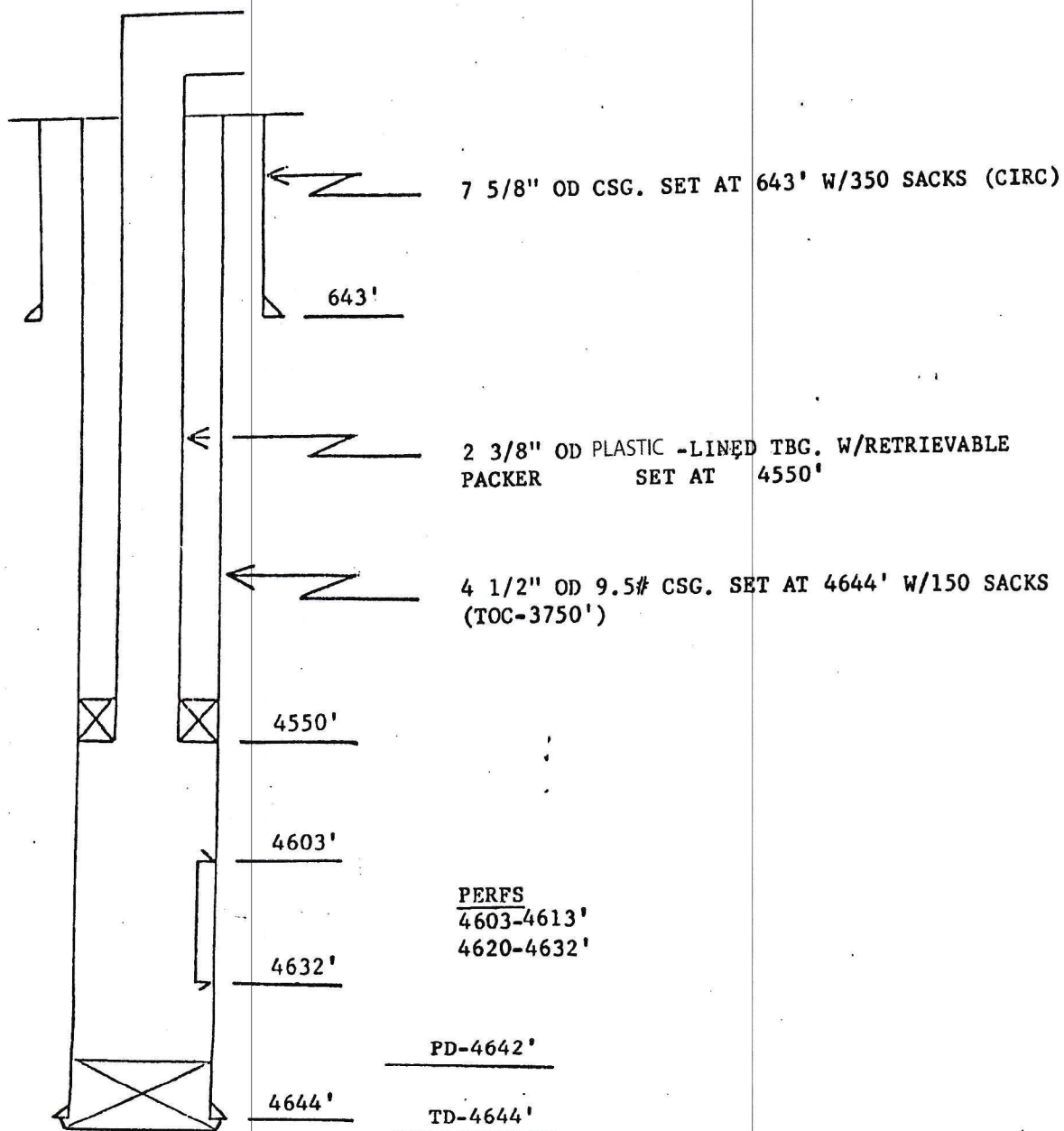
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APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/8/23  
 Conditions of Approval (if any): \_\_\_\_\_

## SAHARA OPERATING COMPANY

North El Mar Unit #24  
API 30-025-08275

UNIT L, 1980' FSL & 660' FWL  
SEC. 25, T-26S, R-32E  
LEA COUNTY, NEW MEXICO  
ELEV. - 3107' GL  
3118' DF



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WELL API NO.

30 025 08275

5. Indicate Type of Lease FEDERAL  
STATE ☐ FEE ☐6. State Oil & Gas Lease No.  
NMLC-0695157. Lease Name or Unit Agreement Name  
North El Mar Unit

8. Well Number 24

9. OGRID Number 20077

10. Pool name or Wildcat  
El Mar (Delaware)

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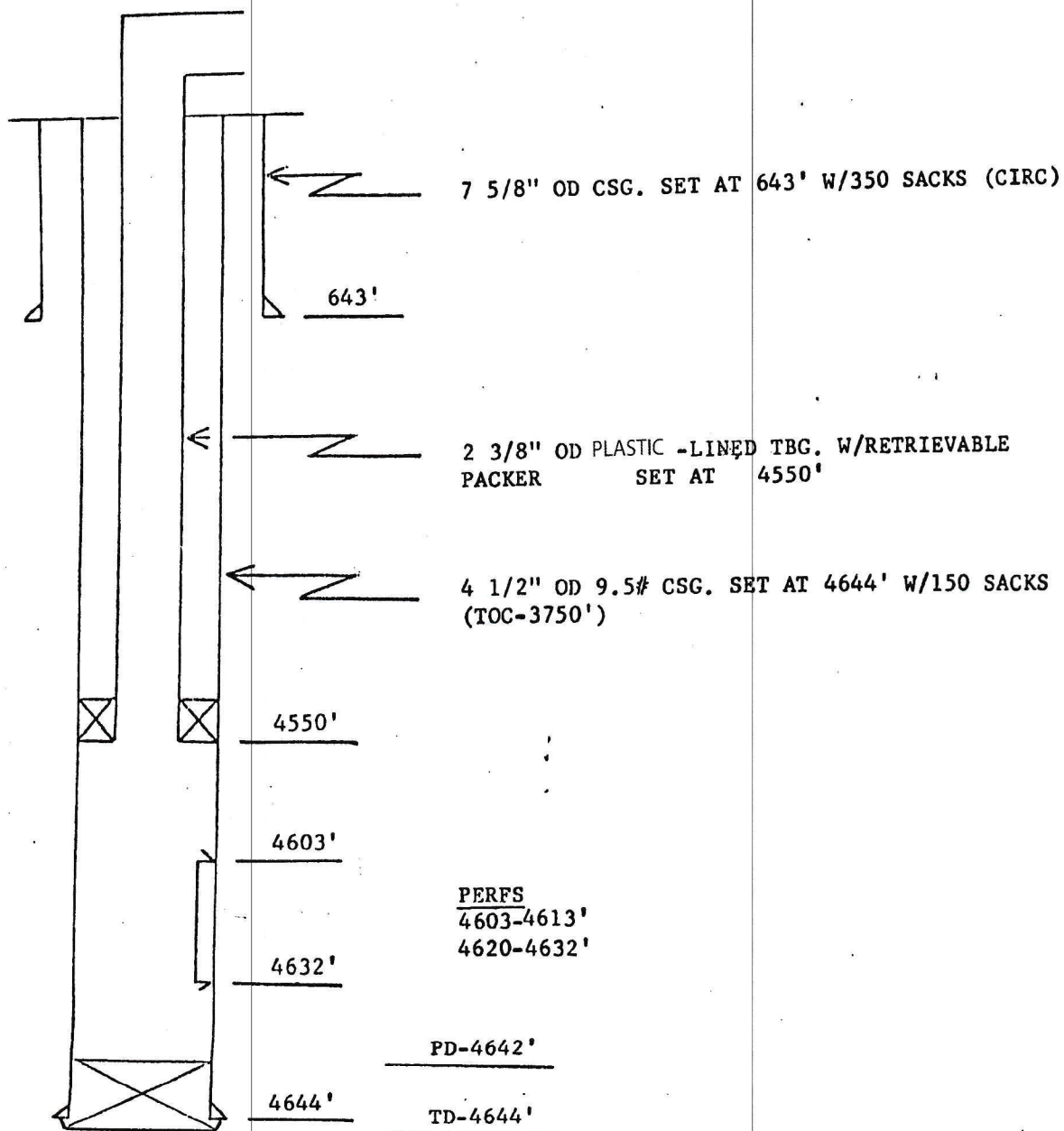
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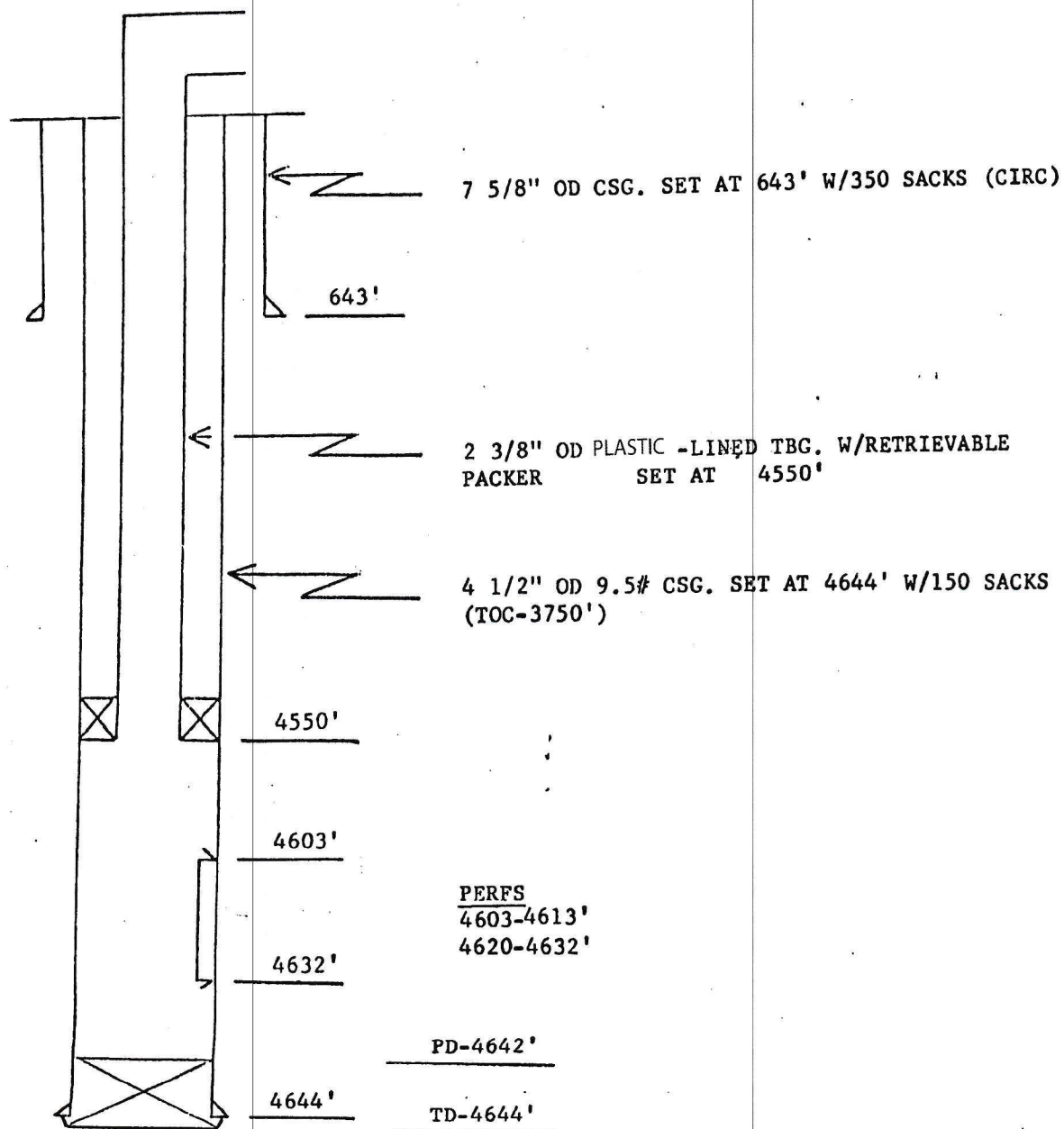
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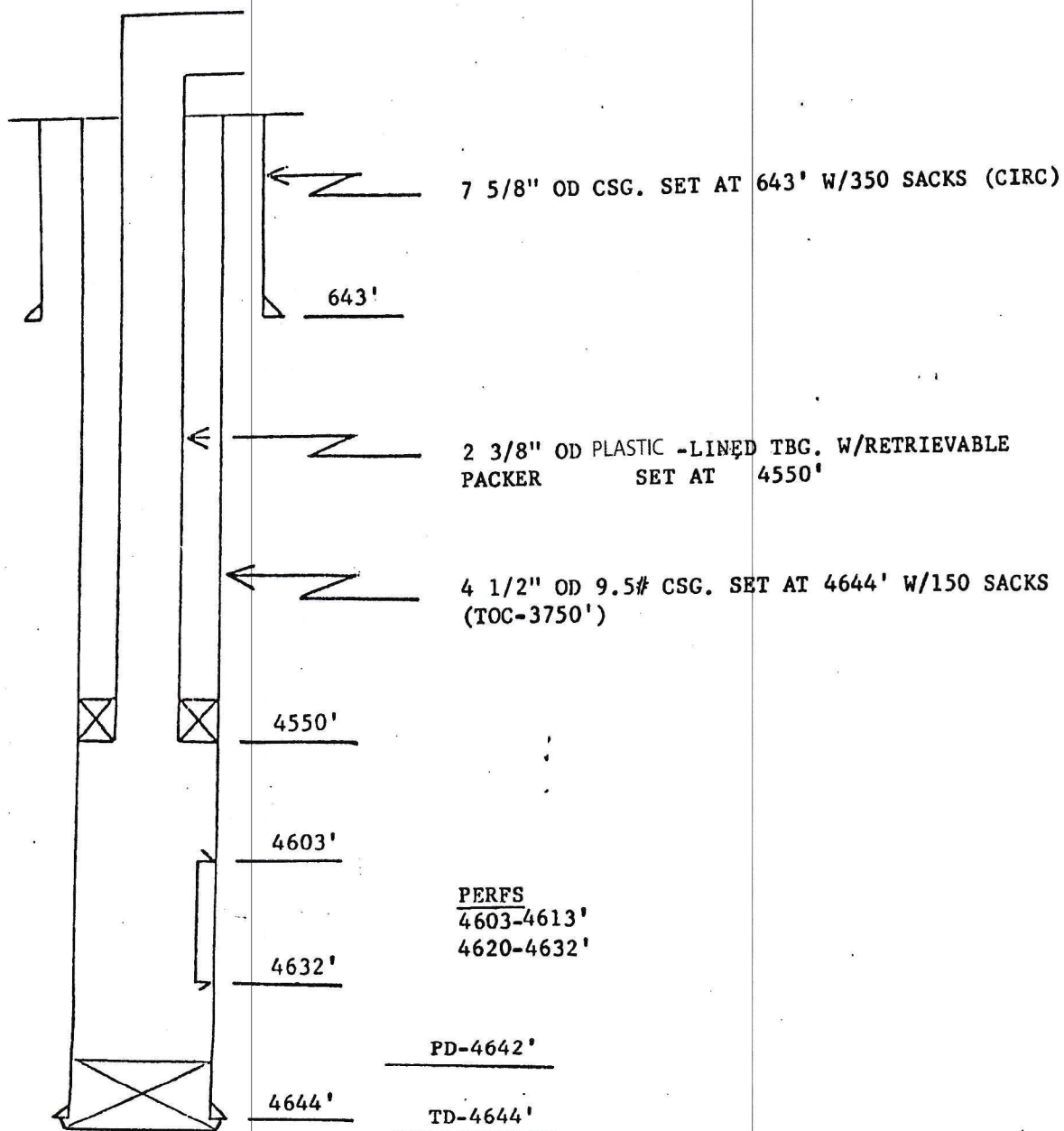
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Phone:(505) 334-6178 Fax:(505) 334-6170  
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CONDITIONS

Action 283697

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Operator: SAHARA OPERATING CO P.O. Box 4130 Midland, TX 79704	OGRID: 20077
	Action Number: 283697
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
kfortner	Run PWOT MIT/BHT	11/8/2023