

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

Form C-103  
Revised March 25, 1999

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

WELL API NO.  
30-025-08312  
5. Indicate Type of Lease FEDERAL  
STATE ☐ FEE ☐  
6. State Oil & Gas Lease No.  
NMLC-002791A

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 : Injection

2. Name of Operator  
SAHARA OPERATING COMPANY

3. Address of Operator  
P.O. BOX 4130, Midland, TX 79704

4. Well Location

Unit Letter F : 1650 feet from the North line and 2310 feet from the West line

Section 35 Township 26-S Range 32-E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3111' DF

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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

Propose to repair well as follows:

MIRU, POH w/tbg and pkr. Test tbg back in hole, circ w/pkr fluid, set pkr.

Run MIT test and place well back on injection.

If well has casing leak, will P&A well

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

SIGNATURE Robert McAlpine TITLE President DATE 5/26/05

Type or print name Robert McAlpine Telephone No. 432-697-0967

(This space for State use)

APPROVED BY Louise Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

Conditions of approval, if any

MAY 31 2005