

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

HOBBS OCD

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OCT 3 1 2013

RECEIVED

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

WELL API NO.	30 025 25422
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-6622
7. Lease Name or Unit Agreement Name	North El Mar Unit
8. Well Number	62
9. OGRID Number	20077
10. Pool name or Wildcat	El Mar (Delaware)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3,086 GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below _____ volume _____ bbls; Construction Material _____	

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 **B&A INT**

2. Name of Operator
 Sahara Operating Company

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

4. Well Location
 Unit Letter H 1829 feet from the North line and 330 feet from the East line
 Section 36 Township 26S Range 32E NMPM County LEA

12. Check if approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page under forms/
www.emnrd.state.nm.us/oecd

Indicate Nature of Notice, Report or Other Data

SUBSEQUENT REPORT OF:

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

...or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion or recompletion. SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 10/18/13 SET CIBP @ 4500' PER OCD - CIRCULATE PLUGGING MUD - TEST CASING TO 500# - SPOT 25 SACKS @ 4500'
- 10/21/13 TAG @ 4138' - SPOT 30 SACKS @ 2501' PER OCD - TAG @ 1970' - HOLE IN CASING 30' - 60'
- 10/22/13 PERF @ 800' - PUMP 150 SACKS - CIRCULATED TO SURFACE - INSTALL DRY HOLE MARKER

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 10-29-2013

Type or print name Robert McAlpine E-mail address: Rob@saharaoper.com Telephone No. 888/697-0967

For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 10-31-2013

Conditions of Approval (if any):

OCT 31 2013

[Signature]