

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

HOBBS OCD

Form C-103  
Revised July 18, 2013

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

DEC 24 2015

RECEIVED

WELL API NO.	30 025 08275
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NMLC-069515
7. Lease Name or Unit Agreement Name	North El Mar Unit
8. Well Number	24
9. OGRID Number	20077
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3,107 DF

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 Lea

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 ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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

Well Failed Bradenhead Test on 8-31-2015.  
Replaced Packer, retested 9-18-2015.  
Chart and form attached.

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE President DATE 12/22/15

Type or print name Robert McAlpine E-mail address: Rob@saharaoper.com PHONE: 432-697-0967

For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

9/18/15

BR 2221

HOBBS OGD

DEC 24 2015

RECEIVED

Sahara  
El MAM #24  
30-085-08275  
1-25-265-32E

Calc. DMC-3/20/15  
1000 #

590# - 590#  
end. 590#  
30 min

John Brown - OGD

John

158  
4/5/16

JAS