

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
 May 27, 2004

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

WELL API NO.	30 025 08288
5. Indicate Type of Lease	FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NMLC-065880
7. Lease Name or Unit Agreement Name	North El Mar Unit
8. Well Number	33
9. OGRID Number	20077
10. Pool name or Wildcat	El Mar (Delaware)

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 P 660 feet from the South line and 660 feet from the East line
 Section 26 Township 26S Range 33E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3,113 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT <input checked="" type="checkbox"/>	

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.

Retest after well repair. Well failed MIT on 10-22-2013. Pulled tbg and model AD-1 packer, packer was bad.

Ran Watson 4-1/2" x 2-3/8' plastic coated ASL-1X packer (3 element lok-set type) with T-2 stainless on/off tool and "F" profile nipple on same tubing string.

Ran Retest on 11-14-2013, chart attached. BLM witnessed and signed chart, cannot read signature, foreman did not get the gentleman's name.

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 11-20-2013

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

FOR RECORD ONLY

B2 1/14/16

JAN 14 2016