

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

RECEIVED  
 HOBBS OCD  
 OCT 3 0 2017

WELL API NO.	30 025 08275
5. Indicate Type of Lease	FEDERAL <input checked="" type="checkbox"/> 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	El Mar (Delaware)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,107 DF	
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-Grade Tank: 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 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

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: MIT <input checked="" type="checkbox"/></p>
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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 MIT on 8-29-2017

SUBJECT TO LIKE APPROVAL BY BLM

Repaired well by releasing from on-off tool, pulling tubing, replacing bad joints of tubing. Redressed seals in on-off tool, ran BIH w/tbg, circ pkr fluid, latch on to on-off tool. Test annulus OK.

9-08-2017 – By Rapid transport ran new MIT test OK. Chart Attached. OK'd to return to service by George Bower, NMOCD, Hobbs District

SUBJECT TO LIKE APPROVAL BY BLM

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 10-25-2017

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

For State Use Only

APPROVED BY: [Signature] TITLE AO/II DATE 11/1/2017

Conditions of Approval (if any):

RFDMS - CHART - ✓



State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office  
**BRADENHEAD TEST REPORT**

Operator Name <i>Sahara Operating</i>		API Number <i>30-025-08275</i>
Property Name <i>N. El Mar</i>		Well No. <i># 24</i>

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>2</i>	<i>25</i>	<i>26S</i>	<i>32E</i>	<i>1980</i>	<i>5</i>	<i>660</i>	<i>W</i>	<i>LEA</i>

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	SWD	OIL	GAS		
	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>				<i>8-29-77</i>

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>1350</i>	<i>1250</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Injected for
Water	Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.  
*Prod. Csg had 1350, blew to truck + lbs dropped to 1100#, blew for 5 min. fluid would not stop. Shut P csg. + lbs come back to 1250*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Robert M. Spino</i>	Entered into RBDMS
Title: <i>Pres. Asst</i>	Re-test
E-mail Address: <i>ROG@SAHARAOPER.COM</i>	
Date: <i>10-24-2017</i>	Phone: <i>432-697-0967</i>
Witness: <i>Gary Johnson</i>	