

WELL API NO.

30-025-08317

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-6622

7. Lease Name or Unit Agreement Name

North El Mar Unit

8. Well Number

53

9. OGRID Number

020077

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 ☒ TA

2. Name of Operator

SAHARA OPERATING COMPANY

3. Address of Operator

P.O. Box 4130, Midland, TX 79704

4. Well Location

Unit Letter E 10+4 542 feet from the South line and 330 feet from the West line
Section 36 Township 26S Range 32E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: TA ☒

SUBSEQUENT REPORT OF:

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

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.

Desire TA Status on well.

Wish to continue TA status for future EOR

Well is on State Lease

Wellbore Configuration: Casing: 4-1/2" @ 4711'
Perfs: 4568'-4588'; 4589-4595'
CIBP: 4555'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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE [Signature] TITLE President DATE 6-20-2007Type or print name Robert McAlpine E-mail address: sahararm@sbcglobal.net Telephone No. 432-697-0967

For State Use Only

APPROVED BY: [Signature] TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 27 2007Conditions of Approval (if any) [Signature]