



WELL API NO.

30-025-08318

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

E-6622

7. Lease Name or Unit Agreement Name

North El Mar Unit

8. Well Number

54

9. OGRID Number

020077

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 Inject TA

2. Name of Operator

SAHARA OPERATING COMPANY

3. Address of Operator

P.O. Box 4130, Midland, TX 79704

4. Well Location

Unit Letter Lot 3 E 543 feet from the South line and 2108 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" @ 4750'  
Perfs: 4590'-4592'; 4595-4604'; 4626-4636'  
CIBP: 4405', set and approved 1987I 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 6-20-2007Type or print name Robert McAlpineE-mail address: sahararm@sbcglobal.net Telephone No. 432-697-0967

For State Use Only

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

JUN 27 2007