SUNDRY	UNITED STATE EPARTMENT OF THE SURFALL OF LAND MA NOTICES AND RE his form for proposals ell. Use Form 3160-3	IE INTERIOR NAGEMENT PORTS ON WE s to drill or to re	-enter an	OCD	5 Lease Senal No		
SUBMIT IN TRIPLICATE - Other Instructions on reverse side  1 Type of Well					<ol> <li>If Unit or CA/Agreement, Name and/or No.         North El Mar Unit         NM 70994X     </li> </ol>		
Oil Well Gas Well Other Service (Injection)					8. Well Name and No.		
2 Name of Operator Sahara Operating Company					North El Mar Unit #4  9 API Well No.		
Sahara Operating Company  3a Address  3b. Phone No. (include area code)					30 025 08436		
P.O. Box 4130, Midland, TX 79704 432/697-0967					10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)					El Mar (Delaware)		
990' FNL & 330' FWL, Sec 30, T26S, R33E, NMPM Unit Letter "D"					11. County or Parish, State  Lea County, N.M.		
12. CHECK APPR	OPRIATE BOX(ES) T	O INDICATE N	ATURE OF	NOTICE. R	EPORT. OR O	OTHER DATA	
TYPE OF SUBMISSION			TYPE OF				
	Acidize	☐ Deepen		Production	(Start/Resume)	☐ Water Shut-Off	_
Notice of Intent	Alter Casing	Fracture Tre	atment	Reclamation	'n	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Constr	uction	Recomplet	e	Other	
Subsequent report	Change Plans	☐ Plug and Abandon ☐ Tempora		v Abandon		_	
Final Abandonment Notice	Convert to Injection Plug Back Water Dis				posal		
nvolved operations If the operation Abandonment Notices shall be filed Respectfully request ex We wish to preserve the Justification attached.	only after all requirements, included tension of Tempor is wellbore for future.	ding reclamation, have be arity Abandon arity enhanced o	een completed, ar ed status f il recovery	d the operator has for this wel y operation	determined that the $l$ .	site is ready for final inspection	
After 11-9-08 Or plans to P & A Wellbore as follows:	the well must  Must be submitt 5-1/2", 15.50#  Perfs: CIBP	<b>be online</b> led casing @ 470	2' 2-4692'	ssed by An	ACCEP	PTED FOR RE AUG 9 2008 / JD Whitlock J	
14 I hereby certify that the forego	oing is true and correct					U OF LAND MANAGE	
Name (Printed/Typed)	A Inina			Dussidant	CA	RLSBAD FIELD OFFIC	Œ
Robert McA	Alpine	//	Title	President	<u> </u>		
Signature	XX /4//		Date	6/20/2008		-	
	THIS SAPACE	FOR FEDERAL	OR STATE	OFFICE USE			<del></del>
Approved by Conditions of app the applicant hold	SUBMIT QUARTERLY DATE IN JULY AS BY WESLEY INGRAM I ENGINEER BLM	or certify wildlentul	Title that che he office		r	Date agency of the United States a	
	011000000000000000000000000000000000000	isalcuoli.	<u> </u>				