| Submit 3 Copies To Appropriate Distric  | of an arr   |                           |                            |                           |
|---|---|---------------------------|----------------------------|---------------------------|
| Office District [   | State of New  |                           |                            | Form C-103                |
| 1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources                  |                           | WELL API NO.               | Revised March 25, 1999    |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 8821  | OIL CONSERVATION DIVISION                               |                           | 30-025-22                  | 2633                      |
| District III  | 1220 South St. Francis Dr.                              |                           |                            | of Lease FEDERAL          |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                                      |                           | STATE                      | ⊠ FEE □                   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | , -, -, -, -, -, -, -, -, -, -, -, -,                   | 207005                    | 6. State Oil & O<br>V-6626 | las Lease No.             |
| SUNDRY NO   | TICES AND REPORTS ON WE                                 | 119                       |                            |                           |
| (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 |   |                           | 7. Lease Name of           | r Unit Agreement Name:    |
| I KOI OSALS.)   | VOIR. USE APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |                           |                            | e                         |
| 1. Type of Well: Oil Well Gas Well  |   |                           |                            |                           |
| Oil Well Gas Well  2. Name of Operator  | Other: Dry Hole   |                           |                            |                           |
| SAHARA OPERATING COMPANY  |   |                           | 7. Well No.                |                           |
| 3. Address of Operator  |   |                           | 9. Pool name or \          | Wildest                   |
| P.O. BOX 4130, Midlar 4. Well Location  | P.O. BOX 4130, Midland, TX 79704                        |                           |                            | v nacat                   |
| 4. Well Location  |   |                           |                            |                           |
| Unit Letter P   | 660 feet from the SOUTH                                 | line and66                | 50 feet from t             | t p                       |
|   |   | mic and0                  | feet from t                | he <u>East</u> line       |
| Section 20  | Township 12   | Range 33-E                | NMPM                       | County Lea                |
|   | 10. Elevation (Show whether 4290' GL                    | DR, RKB, RT, GR, etc      | :.)                        |                           |
| 11. Check   | Appropriate Box to Indicate                             | Nature of Notice          | Donart or Other            |                           |
| NOTICE OF I   | NIENHONIO:  | SUR!                      | SEQUENT REF                | Data<br>DODT OF:          |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK             |                            | ALTERING CASING           |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRII             |                            | PLUG AND                  |
| PULL OR ALTER CASING  | ] MULTIPLE  |                           |                            | ABANDONMENT               |
|   | COMPLETION  | CASING TEST AN CEMENT JOB | ID []                      |                           |
| OTHER:  | П   |                           | al B                       |                           |
| 12. Describe proposed or complete starting any proposed work)   | ed operations (Clearly state all p                      | ertinant details 1        | ndon Reentry               |                           |
| g of proposed work): I  | SEE RULE 1103. For Multiple Co                          | empletions: Attach well   | bore diagram of pro        | cluding estimated date of |
| recompilation.  | •   | •                         | rece anagram or pre        | posed completion of       |
|   |   |                           |                            |                           |
| 6-26-2002 Dug out wellh   | ead, removed old dry hole m                             | arker welded on w         | allband                    |                           |
| 6-27-2002 MIRU PU. NU   | J BOP. PU 11" bit & drilled                             | surface plug. TIH         | enneau.<br>and tagged abou | -1 C                      |
| w 213 (Surface  | ce csg set (a), 290°). Went to (                        | circulate and eso sta     | rted leaking               |                           |
| 0-28/2002 Dug out casing  | g with backhoe. Casing not in                           | i good enough shar        | e to continue on           | erations                  |
| run & lu co   | liars. ND BOP, cut off welli                            | nead set 10 sv.cmt        | nlug in gurface a          | ooina install 1 1         |
| note marker, in   | ned cellar, cleaned location                            | FINAL REPORT              | . JOB TO REEN              | TER WELL                  |
| ABANDONEI   | O. Approved as to pluggin                               |                           |                            | ADIC WEED                 |
|   | Liability under bond is                                 |                           |                            |                           |
|   | surface restoration is co                               |                           |                            |                           |
|   | /   | _                         | ,                          |                           |
| I hereby certify that the information   | above is true and complete to the                       | best of my knowledge a    | and belief.                |                           |
| SIGNATURE   | My M-TITLE  | President                 |                            | D.100                     |
| Type or print name Robert N   | -   | Tresident                 |                            | DATE                      |
| (This space for State use)  | 101 Mpine   |                           | Telepho                    | ne No.915-697-0967        |
| •   | and the second second                                   |                           |                            |                           |
| APPPROVED BY -/Jan  | TITLE_  |                           | 1                          | DATE                      |
| Conditions of approval, if any ARY  | y <del>)</del> MINK                                     |                           |                            | TJAN 1 5 2003             |
| OC FIEI   | .D REPRESENTATIVE II/STAFF A                            | IANAGER                   |                            |                           |
|   |   |                           |                            |                           |