

Submit 3 Copies
to Appropriate
District Office.

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-01430
5. Indicate Type of Lease	State
6. State Oil & Gas Lease No.	B-2148
7. Lease Name or Unit Agreement Name	Shahara State Unit
8. Well No.	3
9. Pool name or Wildcat	Maljamar Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4182 GR

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 ☐
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2. Name of Operator	Shahara Oil, LLC
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3. Address of Operator	207 W. McKay, Carlsbad, NM 88220 505/885-5433
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4. Well Location	Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>Lea</u> County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4182 GR
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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☒	OTHER: ☐

12. 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.

04/01/98/ - 04/08/98 POH w/ tbg rods and pump. TIH w/ bit and scraper to 4415'.
Acidized perfs 4250' - 4411' w/ 2500gals 15% NEFE.
Run and set 5 1/2" 17# AD1 injection packer and 129 jts of 2 3/8" epoxy coated tbg. Set packer at 4161' and tested
for 15min, held good. 30 minutes next time!
See attached CIT chart dated 04/07/98.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Perry L. Hughes TITLE President

TYPE OR PRINT NAME Perry L. Hughes

DATE 08/25/98

TELEPHONE NO. 505-885-5433

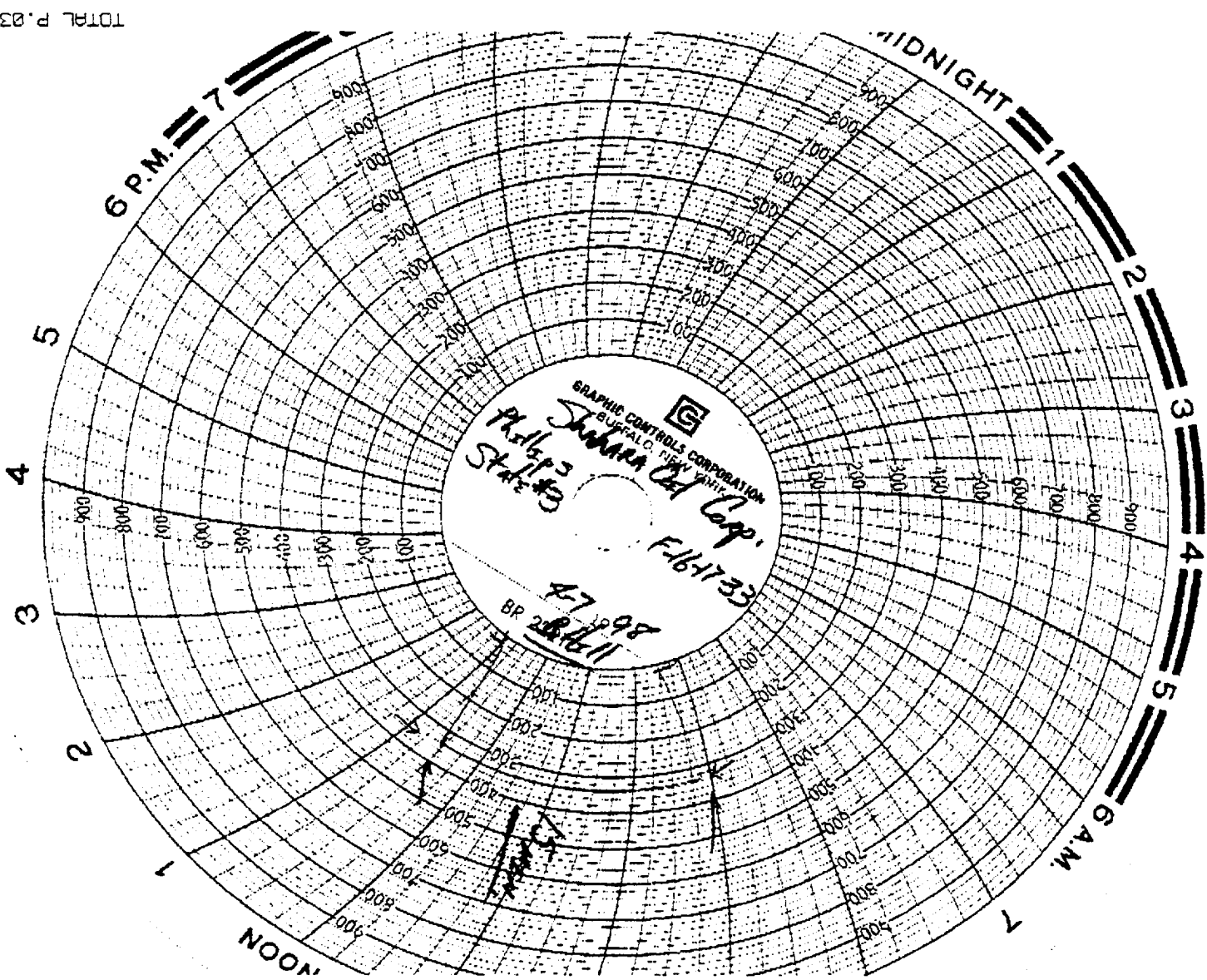
(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS

APPROVED BY CHRIS WILLIAMS TITLE Director

DATE 08/25/98

CONDITIONS OF APPROVAL IF ANY:

R-11058-A



TOTAL P.03