

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.	30-025-01431
5. Indicate Type of Lease	State
6. State Oil & Gas Lease No.	B-2148
7. Lease Name or Unit Agreement Name	Phillips State
8. Well No.	4
9. Pool name or Wildcat	Maljamar Grayburg San Andres

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 ☐

2. Name of Operator  
Shahara Oil, LLC

3. Address of Operator  
207 W. McKay, Carlsbad, NM 88220 505/885-5433

4. Well Location  
Unit Letter C : 660' Feet From The North Line and 1980' Feet From The West Line  
Section 16 Township 17S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4183' GR

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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Casing integrity test ☒

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.

03/30/98 Casing integrity test conducted, with OCD (Buddy Hill) present. Pressure held at <sup>230</sup>450psi for 30 minutes.  
Original pressure chart attached.

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

SIGNATURE Thalia Marshall TITLE Agent

DATE 04/15/98

TYPE OR PRINT NAME Thalia Marshall

TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR

TITLE

DATE

05/05/98

CONDITIONS OF APPROVAL IF ANY:

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