

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 33 NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4183'

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: Perf & Acidize <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

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.

03/24/98 Perforate @ 4348' - 4363' (eight holes)

03/24/98 Acidize w/2000 gal 15% NEFE

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

SIGNATURE Thallia Marshall TITLE Agent DATE 03/24/98
TYPE OR PRINT NAME Thallia Marshall TELEPHONE NO. 505-885-5433

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT 1 SUPERVISOR TITLE _____ DATE 3/26/98

CONDITIONS OF APPROVAL IF ANY: