

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.	30-025-01432
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.	5
9. Pool name or Wildcat	Maljamar Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4190' 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 <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> 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 <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>33</u> NMPM <u>Lea</u> Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4190' 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: Convert to Injector ☒

SUBSEQUENT REPORT OF

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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.

Propose to convert from oil producing well to water injection well, under Waterflood Order No. R-11058-A.

The proposed work is to commence May 15, 1999

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 05/10/99
TYPE OR PRINT NAME Thallia Marshall TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT 1 DATE 05/10/99

CONDITIONS OF APPROVAL IF ANY: DISTRICT 1