

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.	30-025-01433
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.	6
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 <input checked="" type="checkbox"/> WELL <input 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 <u>K</u> : <u>1960</u> Feet From The <u>outh</u> Line and <u>1650</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	
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: ☐

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.

07/18/98 - 07/23/98 POH w/ tbg, rods and pump. TIH w/ bit and scraper to 4453'.  
Run and set 5 1/2" 17# AD1 injection packer and 130 jts 2 3/8" plastic coated tbg.  
Set packer aat 4187' and tested for 30 min. held good.  
See attached CIT chart dated 07/23/98.

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)

APPROVED BY Chris Williams TITLE DISTRICT 1 SUPERVISOR

DATE DEC 21 1998

CONDITIONS OF APPROVAL IF ANY: