

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.	30-025-01434
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.	7
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 type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector	
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>N</u> Section <u>16</u> Township <u>17S</u> Range <u>33</u> NMPM <u>Lea</u> County Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4187' GR</u>	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>CIT Test</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

05/12/00 Casing integrity test. Original pressure chart attached.

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

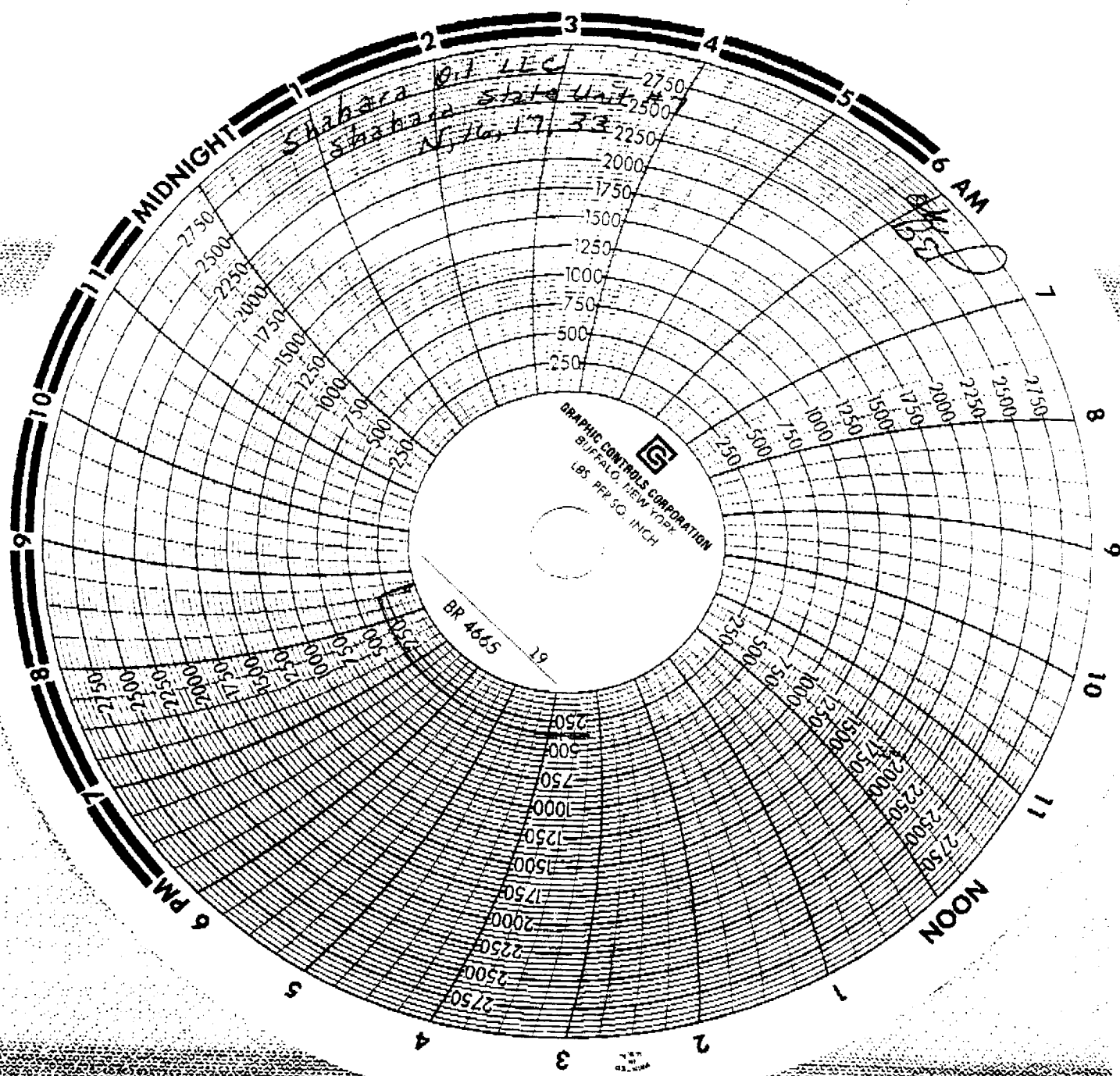
SIGNATURE Thallia Marshall TITLE _____ DATE 05/24/00
TYPE OR PRINT NAME Thallia Marshall TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

JCS



2000 MAY 23 11:11
A
Received
Hobbs
OCD