

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 checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injector</u>	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> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>33</u> NMPM <u>Lea</u> County 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:

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"/>		<input type="checkbox"/>
OTHER:			

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: <u>Conversion to injector</u>			<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.

- 05/09/00 Installed BOP. Tagged fill @ 4432'.
- 05/10/00 RIH w/4 3/4" mill tooth bit, 6-3 1/2" DC, 2 3/8" tbg & tagged fill @ 4442'. Drilled from 4442' to 4490' & circulated well clean.
- 05/11/00 RIH w/5 1/2" Model R pkr & set @ 4270'. Acidized perms 4304' to 4457' w/2500 gals 15% NEFE acid pumped in @ 4 BPM @ 2450 psi.
- 05/12/00 RIH w/5 1/2" 14# plastic coated AD-1 tension pkr, 135 jts 2 3/8" new plastic coated (TK-70) injection tbg. Circulated pkr fluid. Set pkr @ 4251'. Tested @ 340 psi for 30 min - test okay, test witnessed by OCD inspector.

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 05/23/00
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: _____

JCSW

