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

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.)

7. Lease Name or Unit Agreement Name

Shahara State Unit

1. Type of Well:

OIL WELL [X]   GAS WELL [ ]   OTHER [ ]

2. Name of Operator

Shahara Oil, LLC

8. Well No.

7

3. Address of Operator

207 W. McKay, Carlsbad, NM 88220   505/885-5433

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter **N** : **660** Feet From The **South** Line and **1980** Feet From The **West** Line

Section **16** Township **17S** Range **33** NMPM **Lea** ~~Eddy~~ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4187' GR

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

NOTICE OF INTENTION TO:		**SUBSEQUENT REPORT OF**	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Convert to Injector [X]		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 ture 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 ___   DATE ___

CONDITIONS OF APPROVAL IF ANY: ___