

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
811 S. First, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87504

WELL API NO.	30-025-34090
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No.	B-2148
7. Lease Name or Unit Agreement Name	Phillips State
8. Well No.	9
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 WELL <input checked="" 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>F</u> : <u>1335</u> Feet From The <u>North</u> Line and <u>1335</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>33</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4193'	

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.

11/25/97 Spud 12 1/4" hole @ 3:30 pm MST. Drill to 511'. Ran 11 jts ^{8 5/8} 24# J-55 csg & set @ 511' w/ 310 sx Class "C" w/ 2% CaCl₂ & 1/4# Flocele. Circ 60 sx to pit.

11/26/97 WOC. Test csg to 1000 psi for 30 minutes, held good. Drill out w/ 7 7/8" bit.

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

SIGNATURE Melanie J. Parker TITLE Agent
TYPE OR PRINT NAME Melanie J. Parker

DATE 12/01/97
TELEPHONE NO. 505-885-5433

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT 1 SUPERVISOR TITLE

DATE DEC 10 1997

CONDITIONS OF APPROVAL IF ANY: