

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.	30-025-34180
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.	15
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 ☒ GAS WELL ☐ OTHER ☐	
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>1310</u> Feet From The <u>South</u> Line and <u>2306</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.)	

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: ☐		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.

01/08/98 Ran GR-CBL-CCL from 4888-3000'. Perf. 4772-88 (7 holes).
Acid w/ 3000gls 15% NEFE.
01/10/98 Perf 4260-4404 (23 holes). Acid w/3000gls 15% NEFE.
Frac. 4260-4404 w/45000gls 35# linear gel w/7000# 20/40 & 30000# 16/30 sand.
70000

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

DATE 01/16/98

TYPE OR PRINT NAME Perry L. Hughes

TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT 1 SUPERVISOR TITLE

DATE EB 03 1998

CONDITIONS OF APPROVAL IF ANY: