

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
30-025-34376

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.

17

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 N Section 330 Township 17S Range 33E NMPM Lea County
Feet From The outh Line and 2310 Feet From The West Line

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4189 GR

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: Extend APD Approval ☒

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.

Request permission to extend approval of application to drill on above stated well. Approval was granted by the
Oil Conservation Division on 04/21/1998. We request to extend this approval until April 18, 2001

We also wanted to show a name change on this property from Phillips State to Shahara State Unit.

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 04/04/00

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:

Expires 4/21/2001

