

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 I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Artec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-33799
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 20203
7. Lease Name or Unit Agreement Name Nelson 24
8. Well No. 1
9. Pool name or Wildcat North Monument; ABO

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 SAHARA OPERATING COMPANY
3. Address of Operator P.O. Box 4130, Midland, TX 79704	4. Well Location Unit Letter D : 330 Feet From The North Line and 330 Feet From The West Line Section 24 Township 19-S Range 36-E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3702' G.L.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

CHANGE PROPOSED TOTAL DEPTH (TD) FROM 7500 FT. TO 7600 FT.

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

SIGNATURE George McAlpine TITLE Production Manager DATE 3-7-97
TYPE OR PRINT NAME George McAlpine TELEPHONE NO. 915-697-0967

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

MAR 17 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

