Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO.
30-025-34304

5. Indicate Type of Lease STATE [x] FEE [ ]

6. State Oil & Gas Lease No.
22507

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
Star "24"

1. Type of Well:
OIL WELL [x] GAS WELL [ ] OTHER

2. Name of Operator
Sahara Operating Company

8. Well No.
1

3. Address of Operator
P.O. Box 4130, Midland, TX 79704

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter N : 990 Feet From The South Line and 1850 Feet From The West Line

Section 24 Township 19 south Range 36 east NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3706' GL

11. 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	[x]
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.

Drilled to TD 5608' on 3/19/98. Ran logs, log TD 5604'. Ran DST.

Obtained plugging procedure from OCD. RU BJ & set 25 sx Class C on bottom.
Set 25 sx Class C @ 3800'.
Set 25 sx Class C @ 2640'.
Set 25 sx Class C @ 1302'.
Set 10 sx Class C @ Surface.

Plugs set 3/21/98.

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

SIGNATURE _____ TITLE President DATE 3-23-98

TYPE OR PRINT NAME Robert McAlpine TELEPHONE NO. 915/697-0967

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: