

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-08190
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other : <input type="checkbox"/> Injection		5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SAHARA OPERATING COMPANY		6. State Oil & Gas Lease No. LC - 062300
3. Address of Operator P.O. BOX 4130, Midland, TX 79704		7. Lease Name or Unit Agreement Name: Cotton Draw Unit
4. Well Location Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>15</u> Township <u>25-S</u> Range <u>32-E</u> NMPM County <u>Lea</u>		7. Well No. 12
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3448' DF		9. Pool name or Wildcat Paduca Delaware

11. 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Return to active injection ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was placed back in injection June 1, 2002
Injection press 890#, rate 74 BWPD.
Well passed MIT on 7-31-01.



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

SIGNATURE [Signature] TITLE President DATE 8-19-02

Type or print name Robert McAlpine Telephone No. 915-697-0967

(This space for State use)

APPROVED BY [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER
Conditions of approval, if any: DATE AUG 22 2002