

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

Form C-103
Revised March 25, 1999

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

WELL API NO.

30-025-08194

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-5009

7. Lease Name or Unit Agreement Name:

Cotton Draw Unit

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: TA

2. Name of Operator

SAHARA OPERATING COMPANY

3. Address of Operator

P.O. BOX 4130, Midland, TX 79704

7. Well No.

3

9. Pool name or Wildcat

Paduca Delaware

4. Well Location

Unit Letter H : 1980 feet from the North line and 660 feet from the East line

Section 16

Township 25-S

Range 32-E

NMPM

County Lea

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

3435' GR

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: Request TA status ☒

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 recompilation.

7-31-01 RU Rapid Transport. Tested casing to 540 PSI for 30 minutes, held OK. Job witnessed by OCD.

Request TA status while Unit is studied for improved recovery operations.

This Approval of Temporary
Abandonment Expires 9/10/06

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

SIGNATURE

TITLE President

DATE 9-5-01

Type or print name Robert McAlpine

Telephone No. 915-697-0967

(This space for State use)

APPROVED BY

TITLE APPROVED BY

DATE

Conditions of approval, if any:

7-31-01

