

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS '94

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.

HOBBS, NM.

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NMLC062749B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Thompson "19" Federal #4

9. API Well No.
30-025-27938

10. Field and Pool, or Exploratory Area
Mason; Delaware, North

11. County or Parish, State
Lea

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Sahara Operating Company

3. Address and Telephone No.
P. O. Box 10280, Midland, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
560' FNL & 660' FEL, Sec. 19, T-26-S, R-32-E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>well reactivation</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

11/03/94

Set pumping unit and put well back on production

RECEIVED
NOV 10 11 03 AM '94

ACCEPTED FOR RECORD
NOV 15 1994
JL
ALSABAD, NEW MEX.

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title President Date 11/03/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: .

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.