

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
FORM APPROVED
Drawer DD Budget Bureau No. 1004-0135
Artesia, NM Expires: March 31, 1993
5. Lease Designation and Serial No.
LC-060529

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	3. Well Name and No. Beeson F Fed. #9
2. Name of Operator Shahara Oil Corporation	9. API Well No. 30-015-04381
3. Address and Telephone No. 207 W. McKay, Carlsbad, NM 88220 505/885-5433	10. Field and Pool, or Exploratory Area Loco Hills Queen GB SA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 2310' FWL, Unit N Sect. 29, T17S, R30E	11. County or Parish, State Eddy, New Mexico

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>Change of Operator</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

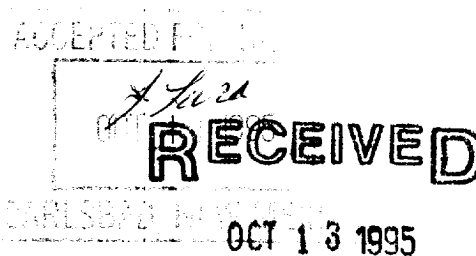
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Change of operator effective August 1, 1995 as follows:

From: Coastal Management Corporation
P.O. Box 2726
Midland, TX 79702

To: Shahara Oil Corporation
207 W. McKay
Carlsbad, NM 88220



RECEIVED

AUG 23 10 47 AM '95

OIL CON. DIV.
DIST. 2

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

Signed Melanie Stacker Title Sec/Treas. Date 08/22/95

(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.

*See Instruction on Reverse Side