NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

c/sf

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. Lease Designation and Serial No.: LC-060529

6. If Indian, Allottee or Tribe Name:

7. If Unit or CA, Agreement Designation:

1. Type of Well: [X] Oil Well [ ] Gas Well [ ] Other

2. Name of Operator: Shahara Oil Corporation

3. Address and Telephone No.: 207 W. McKay, Carlsbad, NM 88220 505/885-5433

4. Location of Well (Footage, Sec., T., R., M., or Survey Description):
345' FSL & 2310' FWL, Unit N
Sect. 31, T17S, R30E

8. Well Name and No.: Beeson F Fed. #3

9. API Well No.: 30-015-04415

10. Field and Pool, or Exploratory Area: Loco Hills Queen GB SA

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	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[X] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Change of Operator	[ ] 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

ACCEPTED FOR RECORD
AUG 2 [illegible] 1995
CARLSBAD, NEW MEXICO

RECEIVED
OCT 1 0 1995
OIL CON. DIV.
DIST. 2

14. I hereby certify that the foregoing is true and correct
Signed: [signature] 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