

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Draper DD FORM APPROVED
Bureau No. 1004-0135
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

☒ 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)

990' FNL & 330' FEL, Unit A
Sect. 31, T17S, R30E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

3. Well Name and No.

Beeson F Fed. #7

9. API Well No.

30-015-04418

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of Operator
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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

OCT 16 1995

OIL CON. DIV.

DIST. 2

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

Signed

Melanie Foster

Title

Sec/Treas.

Date

08/22/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: