Form 3160-5 (JUNE 1990)

TTED STATES DEPAR'1. _NT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

FORM APPROV	න

Expires Merch 31, 1993

5.	5. Lease Designation and Serial No.	
, "	21	LC-060529
6.	If India	n, Allotte or Tribe Name

Use "APPLICATION FOR PERMIT"	for such proposals.		
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	
Type of Weil X Oil Weil Gas Weil Other			
		8, Well Name and No.	
Name of Operator Shahara Oil, LLC		Beeson "F" No. 19	
Address and Telephone No.		9. Well API No.	
2000 200 540	<u>_</u>	30-015-29829 10. Field and Pool, or Exploratory Area	
207 W. McKay, Carlsbad, NM 88220 885-5433		Loco Hills Queen Grayburg San Andres	
Location of Well (Footage, Sec., T., R., M., or Survey Description) 337' FSL & 1279' FWL, Unit N Sec. 31, T. 175., Pt. 30E.		11. County or Parish, State Eddy County, NM	
2. CHECK APPROPRIATE BOX(S) TO IN	DICATE NATURE OF NOTICE, REPOR		
TYPE OF SUBMISSION	TYPE OF	ACTION	
	Abandonment	Change of Plans	
X Notice of Intent	Recompletion	New Construction	
	Plugging Back	Non-Routine Fracturing	
Subsequent Report		Water Shut-Off	
_	Casing Repair	Conversion to Injection	
Final Abandonment Notice	Attering Casing		
	X Other Change Well Name	Dispose Water	
		(Note: Report results of multiple completion on Well	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent 		Completion or Recompletion Report and Log form.) york, If well is directionally drilled, give	
13. Describe Proposed or Completed Operations (Clearly state all pertnent details, and give pertner subsurface locations and measured and true vertical depths for all markers and zone	es pertinent to this zone.)*		
Substitute locations and investment and		:	
To remain consistent we request to change the well	name:	MECEIVED 1991 SEP 23 A 9 JAMAN US LABOR ROSWELL OFFIC	
To londari consistenti in a seria	(4)24	ROSWELL	
From: Beeson "F" No. 19	(3 ³)	SS	
From: Beeson F No. 19		MG P O	
To: Beeson "F" Federal No. 19	RECEIVED OCD - ARTESIA	23 1	
To: Beeson "F" Federal No. 19	TO THE DE ST	EIVED	
	RECEIVED RECEIVED	and Parameter	
	/ OCD - ARTE	5 4 5	
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	E55252555	<u> </u>	
	1819202131		
14. I hereby certify that the foregoing is true and correct			
1/0 x xxx / Lakes	Title President	Date 09/18/97	
Signed 1000 27			
(THE SPACE FOR FEDERAL OR STATE OFFICILISE)			
Constitution of the second of	DEFICIENT ENGINE	Oate 1997	

Approved By

Conditions of approval, if any: