Form 3160-5 (JUNE 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR

ALM Oil

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FORM APPROVED

BLM

forms (and)	BUREAU OF LAND MAN	ACEMENT	Budget Bureau No. 1004-0135  Expires March 31, 1983		
多11 会 18は、 SUNDRY NOTICES AND REPORTS ON WELLS。			5. Lease Designation and Serial No. NM-0467934  8. If Indian, Allottee or Tribe Name		
Do not use					
	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation		
Type of Well  X Oil Well Gas Well	Other		Grayburg Jackson WFU Tract MB		
2. Name of Operator			8. Well Name and No.		
Shahara Oil	LLC		No. 15		
<ol> <li>Address and Telephone No.</li> <li>207 W. Mck</li> <li>505-885-543</li> </ol>	ay, Carlsbad, NM 88220		9. Well API No. 30-015-30025		
4. Location of Well (Footage, Sec., T., R., M., o		3	10. Field and Pool, or Exploratory Area GB Jackson, 7R, GN, GB San Andres		
	1310' FEL, Unit P T17S - R30E		11. County or Parish, State		
	ECK APPROPRIATE BOX(s) TO INI	DICATE NATURE OF NOTICE RE	Eddy County, New Mexico		
	SUBMISSION		E OF ACTION		
Notice of I	ntent	Abandonment	Change of Plans		
X Subseque	nt Report	Recompletion Plugging Back	New Construction  Non-Routine Fracturing		
Final Aben	donment Notice	Casing Repair  X Attering Casing	Water Shut-Off Conversion to Injection		
		X Other - Spud	Dispose Water		
			(Note: Report results of multiple completion on Well		
Describe Proposed or Completed Operation subsurface locations and measure.	s (Clearly state all pertinent details, and give pertinent red and true vertical depths for all markers and zones	t dates, including estimated date of starting any prop s pertinent to this zone.)*	Completion or Recompletion Report and Log form.)  Osed work. If well is directionally drilled, give		
04/01/98 Spud 12 1/4" hole (	@ 8:15pm				
04/02/98 Run 12 jts 8 5/8" J-	55 casing @ 521'. Cmt w/310 sx Pr	remium Plus. Circulate 80 sx to pit.			
		OA.	CEPTED FOR RECORD		
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			APR 1 4 1998		

4. I hereby cer	tify that the foregoing is true as	nd correct			 		
Signed	Jhallia Thallia Marshall	Marshall	Title _	Agent	 	Date _	04/09/98
THIS SPACE FOR FE	DERAL OR STATE OFFICE USE)				· · · · · · · · · · · · · · · · · · ·		
opproved By	proval, if any:		Title		 Date		<del></del>