Form 3160-5 (August 1999)

OCD-HOBBS

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30,2000

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

LC-068281A

Do not use this form for porposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals					6. If Indian,	Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No. Russell Federal 19	
Type of Well						
Oil Well					8. Well Name and No. Russell Federal 19 #4	
Sahara Operating Company					9. API Well No.	
3a. Address	1	b. Phone No. (include area code)			30 025 08264	
P.O. Box 4130, Midland, TX 79704 432/697-09 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			67		•	Pool, ŏr Exploratory Area Mason (Delaware)
660' FSL & 1980' FWL, Sec 19, T26S, R32E, NMPM Unit Letter "N"					11 County o	Parish, State Dunty, N.M.
12. CHECK APPRO	PRIATE BOX(ES) T	O INDICATE N			EPORT, OF	R OTHER/DATA
TYPE OF SUBMISSION TYPE OF ACTION						
Notice of Intent	Acidize Alter Casing	☐ Deepen☐ Fracture Tre	atment	Production Reclamation	Petart/Resume)	Well Integrity
Subsequent Report	Casing Repair	☐ New Constru	ection	Recomple	complete Other	
	Change Plans			Temporari	•	
Final Abandonment Notice	Convert to Injection	Plug Back Water		☐ Water Dis		
If the proposal is to deepen direction Bond under which the work will be involved operations. If the operation Abandonment Notices shall be filed to The subject well have the same of the subject well have the same of the subject well have the subject well have the same of the s	performed or provide the Bond I n results in a mutiple completi- only after all requirements, includ-	No. on file with BLM/B on or recompletion in a ling reclamation, have be	IA. Required sult new interval, a new interval, a new completed, a	bsequent reports sha Form 3160-4 shand the operator has	nall be file within all be filed once determined that	30 days following completion of the testing has been completed. Final
	OH w/rods and tbg above perfs. Test nent.		f. If casing	g fails, sque	eeze ceme	nt casing.
4. Place well b	ack on pump.			API EN	PROVED FO	OR 3 MONTH PERIOD /Ls-/06
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)						
Robert McAlpine			Title	President		
Signature Signature			Date	03/02/2006	5	
	THIS SPACE	FOR FEDERAL	OR STATE	OFFICE US	Ε	
Approved by			Title			Date
Conditions of approval, if any, are attact the applicant holds legal or equitable tit applicant to conduct operations thereon.						

Artiel 1809 Scales Soulant State Ga U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any

(Asse Martipas or fraudplam concernence of appression that to any matter within its jurisdiction. AND SPECIAL STIPULATIONS **ATTACHED**