OCD-HOBBS

Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

06274913

SUNDRY NOTICES AND REPORTS ON WELLS 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			
CLIRMIT IN TRI	DI ICATE - Other Inst	ructions on re	verse side		7. If Unit or CA	A/Agreement, Nam	ne and/or	
SUBMIT IN TRIPLICATE - Other Instructions on reverse side					No.			
					Thomp	oson Federal	19	
1. Type of Well					8. Well Name a	and No		
Oil Well					Thompson Federal 19 #3			
Sahara Operating Company					9. API Well No			
3a. Address	ude area code)		30 025 08267					
P.O. Box 4130, Midland	7		10. Field and Pool, or Exploratory Area					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					North Mason (Delaware)			
660' FNL & 1965 FWL, Sec 19, T26S, R32E, NMPM					11. County or Parish, State			
Unit Letter "D"					Lea County, N.M.			
12 CHECK APPR	OPRIATE BOX(ES) TO	INDICATE NA	TURE OF NO	TICE RI	FPORT OR (OTHER DATA	1	
TYPE OF SUBMISSION	OTRIALE DON(LS) TO	MUICALLINA	TYPE OF AC		DI OICI, OIC	O THERE DITTE	-	
	Acidize Deepen				n (Start/Resume) Water Shut-Off			
Notice of Intent	Alter Casing	Fracture Treature	_	Reclamation	` ′	_	Well Integrity	
Colores Broom	Casing Repair	☐ New Construct		Recomplete			'	
Subsequent Report	Change Plans	☐ Plug and Abandon		_	porarily Abandon			
The Indiana Nation		Plug Back		Water Disp	•			
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof								
If the proposal is to deepen direction Bond under which the work will be								
involved operations. If the operation								
Abandonment Notices shall be filed	only after all requirements, including	ng reclamation, have been	completed, and the	operator has	determined that the	site is ready for final	inspection.)	
The subject well	has not produced sin	ce October 19	99 Sahara	wishes t	Secumen	roduction fro	om this	
well as follows:	ias not produced sin	ce October, 17	77. Sanara	WISHES L	o-resume p	ioducijon ire	Jii uiis	
well as follows.				1 1 2	<u>چ</u>	2 /3/		
1 NITEON T	1011/ da d db.c.			13		A ^C /		
	OH w/rods and tbg.		rc · c ·	/ <i>Ç</i>	٠٠٠ - ١٠٠٠	250/		
	above perfs. Test ca	asing to 500#.	if casing fai	iis, sque	esex enim	Casing.		
3. Drill out ce								
4. Place well	back on pump.				ARROWER	TOP 3 M	ONTH PERIOD	
						APPROVED FOR 3 MONTH PERIOD		
ENDIING 6 /13 / UE								
14. I hereby certify that the foreg	oing is true and correct						17.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Name (Printed/Typed)								
Robert McAlpine			Title President					
11		/						
Signature	X 11/3/1.	-	Date 03	/02/2006				
		<u> </u>						
	THIS SPACE F	OR FEDERAL O	R STATE OF	FICE USE				
Approved by Les Bab	v colo		T:41-), <i>E</i> ,	1,	Date 3/15	101	
Approved by LCS Dab Conditions of approval, if any, are atta		not warrant or certify the		· · ·		Date 3/15	1 %	
the applicant holds legal or equitable t	itle to those rights in the subject lea							
applicant to conduct operations thereof								
THE SUE SACTION HOLD AND THE	REMENTS 12, make it	a crime for any person	enowingly and willfu	ully to make t	o any department o	or agency of the Unite	ed States any	

AND SPECIAL STIPULATIONS

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ATTACHED C WIN