

# IMPORTANT MESSAGE

FOR Donna  
DATE 11/4 TIME 9:58 A.M.  
M Rob McAlpine  
OF 915-559-7097

PHONE                      AREA CODE              NUMBER              EXTENSION               
☐ FAX  
☐ MOBILE                      AREA CODE              NUMBER              TIME TO CALL             

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CAME TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	SPECIAL ATTENTION	<input type="checkbox"/>

MESSAGE Wanted you to call  
on his mobile.

SIGNED Joe

11-4-94 he did  
Report this to  
BLM

Just producing  
water. Will  
send C-116  
if oil is  
produced.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980, 94  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

Sahara Operating Company

3. Address and Telephone No.

P. O. Box 10280, Midland, TX 79702 (915) 687-4220

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 660' FWL  
Sec. 17, T-26-S, R-32-E

5. Lease Designation and Serial No.

NMLC068281B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Russell "17" Federal #11

9. API Well No.

30-025-27717

10. Field and Pool, or Exploratory Area

Mason Delaware, East

11. County or Parish, State

Lea County, 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 Unabandonment

- ☐ 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.)\*

10/28/94  
Set pumping unit and put well back on production.

NOV 4 11 19 AM '94  
RECEIVED

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

Signed

Title President

Date 10/31/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: