State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-27938

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 015521

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Thompson "19" Federal

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No. 4

2. Name of Operator
Sahara Operating Company

3. Address of Operator
P. O. Box 10280, Midland, TX 79702

9. Pool name or Wildcat
Mason; Delaware, North

4. Well Location

Unit Letter __A__ : __560__ Feet From The __North__ Line and __660__ Feet From The __East__ Line

Section __19__ Township __26-S__ Range __32-E__ NMPM __Lea__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3168' G.L.

11. ## Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]
PULL OR ALTER CASING	[ ]		
OTHER: _____	[ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
OTHER: well reactivation			[X]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/03/94

Set pumping unit and put well back on production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE __President__   DATE __11/03/94__

TYPE OR PRINT NAME Robert B. McAlpine   TELEPHONE NO.

(This space for State Use)

NOV 10 1994

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: