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

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				LC-062300	
				6. If Indian, All	ottee or Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.  Cotton Draw Unit	
Type of Well     ☐ Gas Well ☐ Other  Other				8. Well Name a	nd No.
2. Name of Operator				Cotton Draw Unit #75	
Sahara Operating Company  3a. Address 3b. Phone No. (include area code)				9. API Well No.	
3a. Address P.O. Boy 4130 Midland	•	30-025-27873 10. Field and Pool, or Exploratory Area			
P.O. Box 4130, Midland, TX 79704 915/697-0967  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Paduca Delaware	
				11. County or Parish, State	
455' FNL & 1980' FWL, Sec 15, T-25-S, R-32-E, NMPM				Lea county, N.M.	
	OPRIATE BOX(ES) TO	D INDICATE NA		REPORT, OR C	OTHER DATA
TYPE OF SUBMISSION		p-q	TYPE OF ACTION		
Notice of Intent	Acidize	☐ Deepen	<u> </u>	on (Start/Resume)	Water Shut-Off
Notice of finent	Alter Casing	Fracture Treat	<del>-</del>		☐ Well Integrity
Subsequent Report	Casing Repair	☐ New Construc			Other
First Abandanment Nation	Change Plans	Plug and Abai			
Final Abandonment Notice  13. Describe Proposed or Completed C	Convert to Injection	Plug Back	Water Di		e duration, thereof
Bond under which the work will be involved operations. If the operation Abandonment Notices shall be filed  Permission is requested due to incomplete recow/cmt to surface, and Sacast iron bridge plug	on results in a mutiple completion only after all requirements, including to resume TA'd standards received from properties of the standards o	atus for subjection in a negreclamation, have been traveled to the subject revious operated to the subject review of the subject	t well. Sahara neglor (Texaco). Wellor surface. Delaware top. Sahara Opera	ected to reque has 8-5/8" ca e perfs are 46 tting Compan	est for extension sing @355'; 86'-4728'
this Unit for enhanced	recovery operations.	. The followin	g work is proposed		
1. Notify BLM & OCD  2. Pressure Test 5-1/2" casing to 500# for 30 min.  3. Submit test results.					
This work will be	performed within 10	0 days of recei	ving approval to p	roceed.	
14. I hereby certify that the foreg	oing is true and correct	ı			
Name (Printed/Typed)  Robert McAlpine  Title  Presider				m4	
Robert Mc	Title Preside	T I L			
Signature	Date 11-20-20	000			
	THIS SPACE F	OR FEDERAL C	R STATE OFFICE US	E	
Approved by	son) joe g. La	PĄ	Title		Pate 12/14/2000
Conditions of approval, if any, are atta the applicant holds legal or equitable to applicant to conduct operations thereon	tle to those rights in the subject le	ase which would entitle	hat the Office C [	0	
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212, make it	a crime for any person l	knowingly and willfully to make	to any department or	agency of the United States any

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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