

District I
1625 N. French Dr., Hobbs, NM 88240

District II

811 S. First St., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Shackelford Oil Company 203 W Wall St, Ste 200 Midland, TX 79701		² OGRID Number 20595
⁴ API Number 30 - 025-33461		³ Reason for Filing Code/ Effective Date RC / 8/17/2015
⁵ Pool Name Lusk Delaware, West	⁶ Pool Code 41540	
⁷ Property Code 312726	⁸ Property Name Southern California Federal #912 (frmlly Lusk West Delaware Unit #912)	⁹ Well Number 912

II. ¹⁰ Surface Location

Ul or lot no. L	Section 29	Township 19S	Range 32E	Lot Idn	Feet from the 1980'	North/South Line FSL	Feet from the 660'	East/West line FWL	County Lea
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
21778	Sunoco, Inc R&M P.O. Box 2039 Tulsa, OK	O
180055	DCP Midstream 10 Desta Dr, Ste 400 W, Midland, TX 79705	G

IV. Well Completion Data

²¹ Spud Date 7/7/2015	²² Ready Date 8/17/2015	²³ TD 7210'	²⁴ PBTB 7163"	²⁵ Perforations 7045' - 7103'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	850'	675		
11"	8 5/8"	4004'	1325		
7 7/8"	5 1/2"	7210"	1260		

V. Well Test Data

³¹ Date New Oil 8/17/2015	³² Gas Delivery Date	³³ Test Date 8/20/2015	³⁴ Test Length 24 hrs	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
³⁷ Choke Size	³⁸ Oil 8	³⁹ Water 50	⁴⁰ Gas 5		⁴¹ Test Method Pumping Unit

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:
Brady Shackelford

Title:
CFO

E-mail Address:
bradyshackelford@sbcglobal.net

Date:
9/4/2015

Phone:
(432) 682-9784

OIL CONSERVATION DIVISION

Approved by:

Title: Petroleum Engineer

Approval Date:

09/25/15

E-PERM K

SEP 28 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMLC063586

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

HOBBS OGD

8. Well Name and No.
SOUTHERN CALIFORNIA FEDERAL # 912

2. Name of Operator
SHACKELFORD OIL COMPANY

SEP 25 2015

9. API Well No.
30-025-33461

3a. Address
203 W WALL ST, STE 200, MIDLAND, TX 79701

3b. Phone No. (include area code)
(432) 682-9784

10. Field and Pool or Exploratory Area
LUSK DELAWARE, WEST

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 29 T19S R32E 1980' FSL & 660' FWL

11. Country or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>CHANGE OF NAME</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

DUE TO RECOMPLETION TO THE LOWER BRUSHY CANYON DELAWARE FORMATION, THE WELL IS NO LONGER IN THE LUSK WEST DELAWARE UNIT. THEREFORE, THE NAME HAS BEEN CHANGED FROM THE LUSK WEST DELAWARE UNIT # 912 TO THE SOUTHERN CALIFORNIA FEDERAL #912

WELL PRIOR TO RECOMPLETION	NAME LUSK WEST DELAWARE UNIT #912	API 30-025-33461	LEASE NMLC063586
WELL AFTER RECOMPLETION	NAME SOUTHERN CALIFORNIA FEDERAL #912	API 30-025-33461	LEASE NMLC063586

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

Name (Printed/Typed)
BRADY SHACKELFORD

Title CFO

Signature

Date 09/04/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

"FOR RECORD ONLY"

COPY

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OMB No. 1004-0137
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5. Lease Serial No.
NMLC063586

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
SHACKELFORD OIL COMPANY

3a. Address
203 W WALL ST, STE 200, MIDLAND TX 79701

3b. Phone No. (include area code)
(432) 682-9784

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 29 T19S R32E 1980' FSL & 660' FWL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
SOUTHERN CALIFORNIA FEDERAL # 912

9. API Well No.
30-025-33461

10. Field and Pool or Exploratory Area
LUSK DELAWARE, WEST

11. Country or Parish, State
LEA COUNTY, NM

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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7/7/2015 - POOH W/ TUBING

7/8/2015 - RIGGED UP WIRELINE TRUCK, PERFORATE WELL @ 7045' - 50', 7062' - 67', 7072' - 76', 7082' - 85', 7090' - 93'. PICKED UP PACKER - TESTED TUBING IN HOLE - SET PACKER @ 7001'

7/14/2015 - ACIDIZED WELL W/ 2000 GALLONS OF 7 1/2% NEFE ACID

7/15/2015 - SWAB ACID BACK, SWAB TEST

7/23/2015 - POOH W/ PACKER AND 2 3/8" TUBING

8/3/2015 - GIH W/ 2 7/8" TUBING. NIPPLE UP FRAC HEAD - HELD 500 PSI

8/5/2015 - FRAC WELL W/ 117,054 GALLONS OF FRAC FLUID & 98,020 LBS OF FRAC SAND

8/6/2015 - FLOW BACK FRAC AND SWAB BACK WELL

8/12/2015 - POOH W/ 2 7/8" TUBING

8/13/2015 - GIH W/ 2 3/8" TUBING, SET SEAT NIPPLE @ 6997'. SET TUBING @ 7032' W/ MUD JOINT

8/14/2015 - GIH W/ 3/4" RODS AND 7/8" RODS - SPACED WELL

8/17/2015 - PUT ON PRODUCTION

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

Name (Printed/Typed)
BRADY SHACKELFORD

Title CFO

Signature

Date 09/04/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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(Instructions on page 2)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
OMB NO. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion: ☐ New Well ☒ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.,
Other: _____

2. Name of Operator
SHACKELFORD OIL COMPANY

3. Address 203 W WALL ST, STE 200, MIDLAND, TX 79701

3a. Phone No. (include area code)
(432) 682-9784

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 1980' FSL & 660' FWL

At top prod. interval reported below

At total depth

14. Date Spudded

15. Date T.D. Reached

16. Date Completed

☐ D & A ☒ Ready to Prod.

18. Total Depth: MD 7210'
TVD 7210'

19. Plug Back T.D.: MD 7163'
TVD 7163'

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit report)
Directional Survey? ☒ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2"	13 3/8"	54.5#	0	850'		675		SURFACE	
11"	8 5/8"	32#	0	4004'		1325		SURFACE	
7 7/8"	5 1/2"	15.5#	0	7210"		1260		2524'	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8"	6997'							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) LOWER BRUSHY CANYON	7045'	7103'	7045' - 7103'		66	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
7045' - 7103'	2000 GALLONS OF 7 1/2% OF NEFE ACID
7045' - 7103'	117054 GALLONS OF FRAC FLUID AND 98020 LBS OF FRAC SAND

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
8/17/15	8/20/15	24	→	8	5	50			PUMPING UNIT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			➔						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➔						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			➔						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➔						

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

Sold

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
YATES	2509	2749			
7 RIVERS	2749	2870			
CAPITAN	2870	4275			
DELAWARE	4276	7125			
BONE SPRINGS	7125				

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) **BRADY SHACKELFORD**Title **CFO**

Signature

Date **09/04/2015**

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