

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-5072 <i>30572</i>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LUSK WEST DELAWARE UNIT #103
8. Well Number 103
9. OGRID Number 20595
10. Pool name or Wildcat LUSK DELAWARE, WEST

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.)

1. Type of Well: Oil Well ☒ Gas Well ☒ Other *injection* **MAR 07 2016**

2. Name of Operator
SHACKELFORD OIL COMPANY

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

4. Well Location
Unit Letter C : 990 feet from the FNL line and 1650 feet from the FWL line
Section 21 Township 19S Range 32E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/3/2016 - RU PULLING UNIT. GIH W/ 2 7/8" WORK STRING AND PACKER TO 1000', TESTED BACK SIDE DID NOT HOLD PRESSURE. LOCATED HOLE @ 782', ESTABLISHED RATE AT 2 BPM AT 150 PSI. POOH W/ TUBING
2/4/2016 - SET CIBP AT 1515' AND SET PACKER AT 585'
2/9/2016 - PUMPED 500 SXS OF CLASS C CEMENT AT 2 BPM AT 150 PSI. SHUT WELL IN WITH 270 PSI
2/10/2016 - PUMPED ON SQUEEZE, BLED OFF 200 PSI IN 10 MINUTES
2/12/2016 - PUMPED 15 SXS OF CLASS C CEMENT, SQUEEZED TO 1400 PSI. SHUT IN FOR THE WEEKEND
2/15/2016 - RU REVERSE UNIT, GIH W/ BIT AND TUBING. DRILLED OUT CEMENT TESTED CASING HELD GOOD. DRILLED OUT CIBP, WILL CLEAN OUT TO TD
2/16/2016 - CLEANED OUT TO TD WITH BIT AND SCRAPERS, POOH. GIH W/ 2 7/8" PLASTIC COATED TUBING AND PACKER SET AT 6408'. CALLED OCD TO TEST WELL, SET UP FOR 2/29/2016
2/29/2016 - PRESSURE TESTED WELL, WITNESSED BU KRISTAL HEADY OF OCD (SEE ATTACHED CHART)

Spud Date: Rig Release Date:

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

SIGNATURE *[Signature]* TITLE *cto* DATE *3/4/16*

Type or print name Brady Shackelford E-mail address: bradyshackelford@sbcglobal.net PHONE: (432) 682-9784

For State Use Only

APPROVED BY: *[Signature]* TITLE *Staff Manager* DATE *3/1/16*
Conditions of Approval (if any):

MAR 14 2016

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