

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

AUG 14 2014

FORM APPROVED
OMB NO. 1004-0135
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.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		5. Lease Serial No. NMLC065710
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator SHACKELFORD OIL COMPANY		7. If Unit or CA/Agreement, Name and/or No. NMNM94514X
Contact: CLAY HOUSTON E-Mail: CHOUSTON92083@YAHOO.COM		8. Well Name and No. LUSK WEST DELAWARE 103 103
3a. Address 203 W WALL ST STE 200 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-682-9784	9. API Well No. 30-025-30572
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T19S R32E 990FNL 1650FWL		10. Field and Pool, or Exploratory LUSK WEST DELAWARE
		11. County or Parish, and State LEA COUNTY COUNTY, NM

12. CHECK 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
	<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 recomplate 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

PULLED TUBING FOR TUBING LEAK REPLACED BAD TUBING JOINTS. GIH W/ ON OFF TOOL AND 202 JTS OF 2-3/8" TUBING SET AT 6384' PERMANENT PACKER, CIRCULATED PACKER FLUID. CALLED BLM TO WITNESS TEST, TESTED TO 500 PSI. SEE ATTACHED CHART WITNESSED BY JACK JOHNSON OF BLM.

OCD Conditions of Approval
Accepted for **RECORD ONLY**. All Federal forms require **BLM APPROVAL**.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #240651 verified by the BLM Well Information System For SHACKELFORD OIL COMPANY, sent to the Hobbs	
Name (Printed/Typed) DON SHACKELFORD	Title PRESIDENT
Signature (Electronic Submission)	Date 04/01/2014

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

MSS/OCD 8/14/2014

AUG 14 2014

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