

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., 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 and Natural Resources

Form C-103  
June 19, 2008

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><u>30-015-04685</u>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><u>State "A"</u>                                            |
| 8. Well Number <u>#1</u>                                                                            |
| 9. OGRID Number                                                                                     |
| 10. Pool name or Wildcat<br><u>Barber Yates</u>                                                     |

|                                                                                                                                                                                                                           |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 1-10) FOR SUCH PROPOSALS.)                     |                         |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other                                                                                                                     | RECEIVED<br>MAR 18 2010 |
| 2. Name of Operator<br><u>Shackelford Oil Co.</u>                                                                                                                                                                         | NMOCD ARTESIA           |
| 3. Address of Operator<br><u>3510 Nth A St Bldg B Ste 100 Midland Texas 79705</u>                                                                                                                                         |                         |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>330</u> feet from the <u>3000 South</u> line and <u>1980</u> feet from the <u>E</u> line<br>Section <u>17</u> Township <u>20S</u> Range <u>30 E</u> NMPM County <u>Eddy</u> |                         |
| 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 <input type="checkbox"/>           |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>               |                                           |                                                  |                                          |
| OTHER: <input type="checkbox"/>                           |                                           | OTHER: <input type="checkbox"/>                  |                                          |

Notify OED 24 hrs. prior  
To any work done.

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1st - plug - 50 SRS cover open hole 1442' to 1524' (10.9)  
2nd - set cast Iron @ bottom of 7" @ 1440' fill csq w/ cement to TOC @ 640'  
3rd - Perf @ 620' - set retainer @ 600' pump cement to fill behind 7" to 214' hole in csq. TAS  
4th - fill csq inside up to 214'  
5th - Perf @ 60' pump cement inside + out to surface  
6 - cut off well head install dry hole marker

Spud Date:

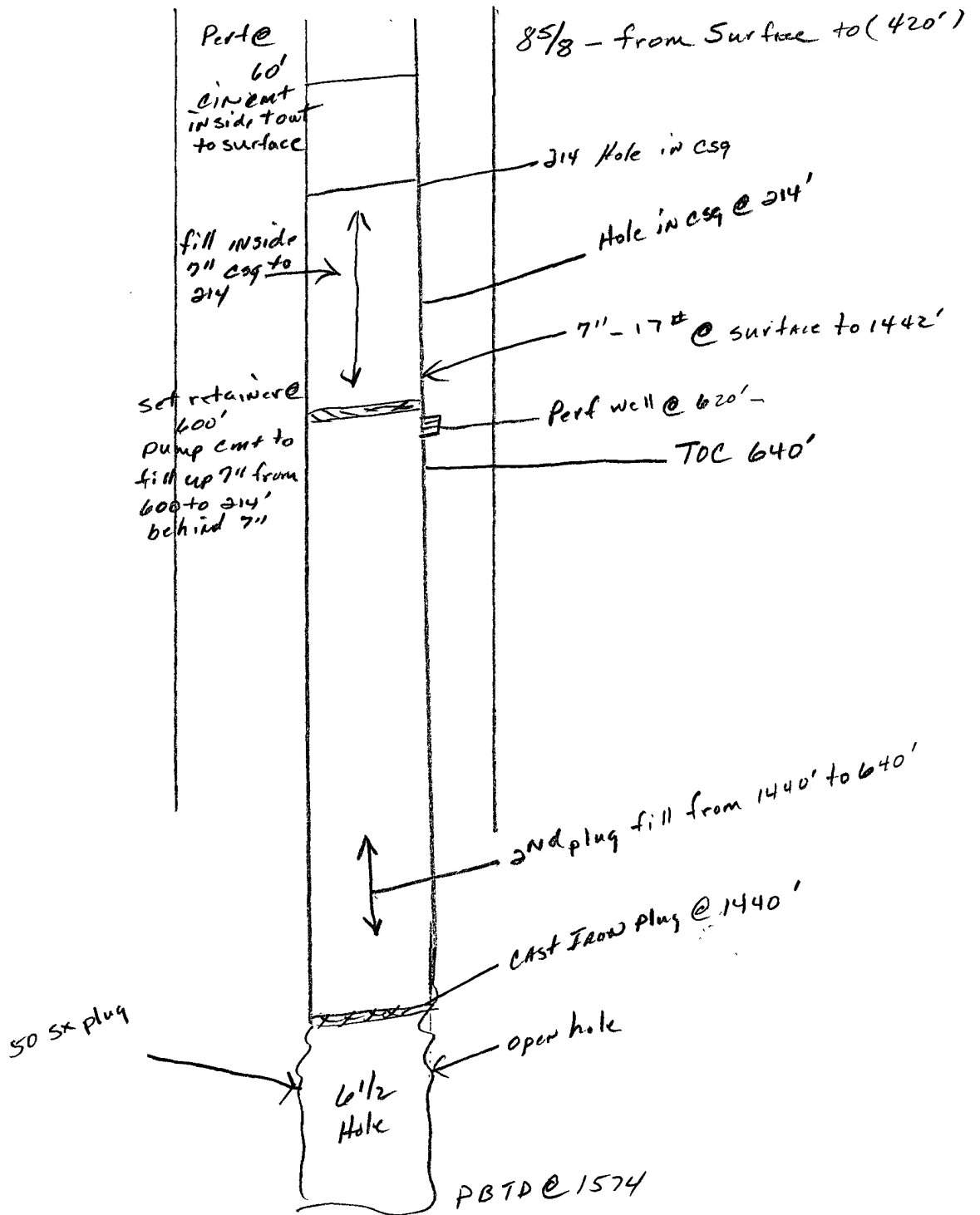
Rig Release Date:

Approval Granted providing work  
is complete by 7/6/2010

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

SIGNATURE [Signature] TITLE Operator Manager DATE 3-10-10  
Type or print name Art Marquez E-mail address: Artmarquez@choctaw-service.com PHONE: 575-405-1334  
For State Use Only  
APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE 4/6/2010  
Conditions of Approval (if any):

\* R-111P Area. a solid cement Plug must be set across Salt Section.  
50' Below + 50' Above in + over. Salt. 420' - 1085' (380' - 1135')  
WOC TAC



## FORMATION RECORD

| FROM | TO   | THICKNESS<br>IN FEET | FORMATION                    |
|------|------|----------------------|------------------------------|
| 0    | 40   | 40                   | gravel                       |
| 45   | 115  | 75                   | red bed - at 115-60: 115-60. |
| 115  | 155  | 40                   | typical                      |
| 155  | 170  | 15                   | iron stone                   |
| 170  | 235  | 65                   | typical                      |
| 235  | 270  | 35                   | limestone                    |
| 270  | 325  | 55                   | red bed                      |
| 325  | 340  | 15                   | gray shale                   |
| 340  | 360  | 20                   | red bed                      |
| 360  | 420  | 60                   | limestone                    |
| 420  | 640  | 220                  | salt, little potash          |
| 640  | 645  | 5                    | rite                         |
| 645  | 655  | 10                   | salt, little potash.         |
| 655  | 670  | 15                   | anhydrite                    |
| 670  | 1085 | 115                  | salt                         |
| 1085 | 1125 | 40                   | anhydrite                    |
| 1125 | 1250 | 125                  | brown lime                   |
| 1250 | 1350 | 100                  | lime and sand                |
| 1350 | 1470 | 120                  | white lime and little sand   |
| 1470 | 1476 | 6                    | porous lime, oil.            |

ED 1476

State A #1

Salt 420~1085