

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30 015 26524

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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 SWD ☐

2. Name of Operator
SHACKELFORD OIL COMPANY

3. Address of Operator
P. O. BOX 10665 MIDLAND, TX 79702

4. Well Location
Unit Letter G0 : 7180' Feet From The FEL Line and 760' Feet From The FSL Line
Section 11 Township 19S Range 31E NMPM EDDY County

7. Lease Name or Unit Agreement Name
HADSON FEDERAL

8. Well No.
#1

9. Pool name or Wildcat
SWD: ~~YATES~~ SEVEN RIVERS

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3564 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>TESTING SWD</u> <input checked="" type="checkbox"/>	

12. 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.

TESTED SWD ON 07/18/2000. HELD 500# PSI PER ATTACHED CHART.



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

SIGNATURE Don G. Shackelford TITLE PRESIDENT DATE 07/18/2000
TYPE OR PRINT NAME Don G. Shackelford TELEPHONE NO. (915) 682-9784

(This space for State Use)

APPROVED BY Record Only TITLE _____ DATE 8/7/2000
CONDITIONS OF APPROVAL, IF ANY: