

C/SF
C/op

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 26730
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	7. Lease Name or Unit Agreement Name HADSON FEDERAL
2. Name of Operator SHACKELFORD OIL COMPANY	8. Well No. #3
3. Address of Operator P. O. BOX 10665 MIDLAND, TX 79702	9. Pool name or Wildcat SWD: YATES SEVEN RIVERS

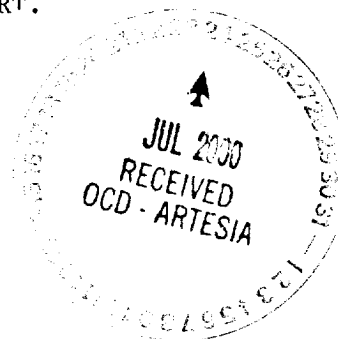
4. Well Location Unit Letter <u>G8</u> : <u>2540'</u> Feet From The <u>FNL</u> Line and <u>2310'</u> Feet From The <u>FEL</u> Line Section <u>11</u> Township <u>19S</u> Range <u>31E</u> NMPM EDDY County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TESTING SWD <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 07/11/2000. 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 Steve Stillefeld TITLE Field Rep. IF DATE 8/9/2000

CONDITIONS OF APPROVAL, IF ANY: