certify

## OCD-Hrtesia

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

dsi

5. Lease Serial No.

	J. Least Striat No.
SUNDRY NOTICES AND REPORTS ON	
Do not use this form for proposals to drill or to abandoned well. Use Form 3160-3 (APD) for such	6. If Indian, Allottee or Tribe Name
	, p
SUBMIT IN TRIPLICATE - Other instructions of	7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well	333415
Oil Well Gas Well Other	8. Well Name and No.
2 Name of Operator	ARRINGTON FED 1
SHACKELFORD OZL (3.  3a. Address 1, O. BOX 10665 Midland, TX 9/1	9. API Well 100.
3a. Address 3b. Phon	e No. (include area code) 3001526756803I
F. O. (58) 10665 17110/AMD 1 4 9/1	7-682 9784 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL + 2310' FNL	Sugart YSR, Q  11. County or Parish, State
Sec-14 T19	SR31E EDDY County, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICA	TE NATURE OF NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
☐ Acidize ☐ Deepen	Production (Start/Resume) Water Shut-Off
Notice of Intent	e Treat Reclamation Well Integrity
Subsequent Report Casing Repair New Co	onstruction Recomplete Other
Change Plans Plug an	d Abandon Za Temporarily Abandon
Final Abandonment Notice Convert to Injection Plug Ba	ck Water Disposal
Attach the Bond under which the work will be performed or provide the Bon following completion of the involved operations. If the operation results in a testing has been completed. Final Abandonment Notices shall be filed only a determined that the site is ready for final inspection.)  The opose the first temporarily are operating the procedures.	
1) Set CIBP 50' Above pere	for ations
1) C   () a   1 -   1 -	CIBP
2) Set 35 ft. coment play on	
3) hoAD hole AND pressure te	st to 500 psi. for 30 minutes.
We plan to do this work AS  equipment is AVA! lable.	soon AN penmit in Approved AND
equipment is AVA, lable.	
<ol> <li>I hereby certify that the foregoing is true and correct Name (Printed/Typed)</li> </ol>	
DON SHACKELFORD	Title Owner
Signature Oh A	Date February 5, 2002
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Accepted for record Approv	Title Parast reason Mountagemen Date 218/2002
Condi FEB 13 2002 ice does not warrant or	

Office

hts in the subject lease